

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 200474 1. Entity Name CURLIN INC.	
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Principal Place of Business 6001 EAST COLUMBUS DRIVE TAMPA, FL 33680-1428	Mailing Address 6001 EAST COLUMBUS DRIVE TAMPA, FL 33680-1428
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DO NOT WRITE IN THIS SPACE

03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0805799	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GESEMYER, ROBERT J 6001 EAST COLUMBUS DRIVE TAMPA, FL 33619	DO NOT WRITE IN THIS SPACE
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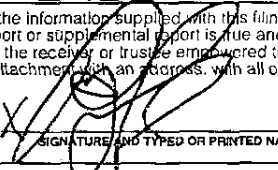
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		U00000290418 04/06/05-80065-012 158.75 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GESEMYER, ROBERT J 3203 BAYSHORE BLVD. #1502 TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERKOVICH, KAREN A 308 N. SKYWOOD DR. VALRICO, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUVA, PAUL E. 11306 LOCH LOMOND DR. RIVERVIEW, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROBERT J. GESEMYER, PRES.** 4/4/05 813-626-4173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #