

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745928

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: DEEDS AND DEDICATION, INC.

**Current Principal Place of Business:**

3002 GANDY BLVD  
TAMPA, FL 33611 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 13845  
TAMPA, FL 33681

**New Mailing Address:**

FEI Number: 59-1897081      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HUNT, TIMOTHY  
101 E KENNEDY BLVD.  
TAMPA, FL 33601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CICARRELLO, SAM  
Address: 43 SPANISH MAIN  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: HOLDER, LUCILLE,  
Address: 4703 LOWELL AVE..  
City-St-Zip: TAMPA, FL

Title: T ( ) Delete  
Name: COLEMAN, EDITH,  
Address: 2508 KANSAS AVE.  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: MEADOWS, B J, DR,  
Address: 3301 BAYSHORE BLVD #1610  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN ROSE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR

01/20/2005

\_\_\_\_\_  
Date