

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90171 028 \*\*\*158.75

14003623



03302005 Chg-P CR2E034 (10/03)

4. FEI Number  
51-0274321

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MOORE, BRUCE E  
2631 MCCORMICK DR.  
SUITE 101  
CLEARWATER, FL 33759

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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

## 10. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	MOORE, BRUCE E	
STREET ADDRESS	2 POND'S EDGE DR.	
CITY - ST - ZIP	CHADDS FORD, PA 19317	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOYLE, DENISE M	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY - ST - ZIP	CHADDS FORD, PA 19317	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PRICE, ELAINE	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY - ST - ZIP	CHADDS FORD, PA 19317	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JOHNSON, JANET L	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY - ST - ZIP	CHADDS FORD, PA 19317	
TITLE	<del>CEO</del>	<input type="checkbox"/> Delete
NAME	LYNAM, MICHAEL A	
STREET ADDRESS	2 POND'S EDGE DRIVE	
CITY - ST - ZIP	CHADDS FORD, PA 19317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynam, michael A.	
STREET ADDRESS	2 Pond's Edge Dr.	
CITY - ST - ZIP	Chadss Ford, PA 19317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Bruce E. Moore, President* 4/18/05 (610) 388-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #