


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90190 046 ****61.25

40023905



DOCUMENT # N00000000230					
1. Entity Name ABILITIES AT PARKLANE, INC.					
Principal Place of Business 2735 WHITNEY RD. CLEARWATER, FL 33760			Mailing Address 2735 WHITNEY RD. CLEARWATER, FL 33760		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3617978	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				Applied For Not Applicable	
02162005			Chg-NP		CR2E037 (10/03)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GENE THOMAS 2735 WHITNEY ROAD CLEARWATER, FL 33760				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust; Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREISLE, LORI			NAME			
STREET ADDRESS	5300 10TH AVE N			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDONATO, WILLIAM JR.			NAME			
STREET ADDRESS	2735 WHITNEY ROAD			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33760			CITY-ST-ZIP			
TITLE	CSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEVILLE, MIKE			NAME			
STREET ADDRESS	2735 WHITNEY ROAD			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33760			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	D Guy Klenke		
STREET ADDRESS				STREET ADDRESS	2735 Whitney Road		
CITY-ST-ZIP				CITY-ST-ZIP	Clearwater, FL 33760		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 617, 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: *Lori Kreisle* **2/16/05** **(727) 538-7370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #