


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90289 029 \*\*\*150.00

**DOCUMENT # P04000079312**

1. Entry Name  
 1611 PLATT STREET PARTNERS, INC.



Principal Place of Business  
 1611 WEST PLATT ST  
 TAMPA, FL 33606

Mailing Address  
 1611 WEST PLATT ST  
 TAMPA, FL 33606

66017949



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

04192005 Chg-P CR2E034 (10/03)

4. FEI Number  
 20-1135993

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 FREEMON, BOB G  
 1611 WEST PLATT STREET  
 TAMPA, FL 33606

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, Title or professional title of registered agent and title of agent (NOTE: Registered Agent signature required when removing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ISOM, WOODSON 101 SOUTH FRANKLIN STREET TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1611 West Platt Street Tampa, Florida 33606
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V FREEMON, BOB 1907 WEST KENNEDY BOULEVARD TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1611 West Platt Street Tampa, Florida 33606
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST FREEMON, SUSAN H 1907 WEST KENNEDY BOULEVARD TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1611 West Platt Street Tampa, Florida 33606
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Woodson Isom Woodson Isom President 4/26/05 813254-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Copyright Form #