

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90060 021 ***158.75

40009129



01122005 Chg-P CR2E034 (10/03)

4. FEI Number **80-0110202** ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KINDINIS, FAYE ANNA
623 PALM AVENUE
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

Name **Walter W. Ragsdale**
Street Address (P.O. Box Number is Not Acceptable)
719 Palm Avenue
Tarpon Springs, FL
City **FL** Zip Code **34689**

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 **Walter W. Ragsdale - Walter W. Ragsdale** DATE **1-18-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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	PS	☒ Delete
NAME	KINDINIS, FAYE ANNA	
STREET ADDRESS	40727 US HWY. 19 N.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VP	☐ Delete
NAME	RAGSDALE, ALLAN WAYNE	
STREET ADDRESS	40727 US HWY. 19 N.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	DT	☐ Delete
NAME	RAGSDALE, WALTER WAYNE	
STREET ADDRESS	40727 US HWY. 19 N.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	☒ Change ☐ Addition
NAME	ALLAN W. Ragsdale	
STREET ADDRESS	40727 US HWY 19 N	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VP	☒ Change ☐ Addition
NAME	Walter W. Ragsdale	
STREET ADDRESS	40727 US HWY 19 N	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	DT	☐ Change ☒ Addition
NAME	Walden Faye Ragsdale	
STREET ADDRESS	40727 US HWY 19 N	
CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: **Walter W. Ragsdale - Walter W. Ragsdale** DATE: **1-18-05** TELEPHONE: **727-944-5803**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone