2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V22860

1. Entity Name
5904 E. SR64, INC.

Principal Place of Business	Mailing Address
717 12 ST. W. BRADENTON, FL 34205	C/O KLOPFER, ROBERT, V. 137 IRON AVE BOX 2237 DOVER, OH 44622 US

DO NOT WRITE IN THIS SPACE

04162005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
34-1703509	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POPE, JOHN F.
717 12TH STREET WEST
BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

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 reinstating)   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	DP
NAME	KLOPFER, ROBERT V.
STREET ADDRESS	137 IRON AVE.
CITY-ST-ZIP	DOVER, OH

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000321913
04/21/05-80085-021 150.00

DO NOT WRITE IN THIS SPACE

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: _Robert V. Klopfer_   _4/11/05_   _330-364-3353_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #