


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90257 023 ****61.25

DOCUMENT # 739712 1. Entity Name CATAMARAN I, INCORPORATED					
Principal Place of Business 2400 S. OCEAN DRIVE FT. PIERCE, FL 34949			Mailing Address 2400 S. OCEAN DRIVE FT. PIERCE, FL 34949		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1875874	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHER, GEORGE H. 2400 S. OCEAN DR. FT. PIERCE, FL 34949				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHELTON, ALVIN 2400 S. OCEAN DR. FT. PIERCE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELTON, ALVIN 2400 S. OCEAN DR FT. PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYD, RICHARD 2400 S. OCEAN DR. FT PIERCE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYD, RICHARD 2400 S. OCEAN DR. FT. PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEYS, MARIAN 2400 S. OCEAN DR FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHRIST, ANTHONY 2400 S. OCEAN DR. FT. PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTON, MARJORIE 2400 S. OCEAN DRIVE FT. PIERCE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHELTON, SIOUX 2400 S. OCEAN DR FT. PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, JACK 2400 S. OCEAN DR FORT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					