

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90165 030 ***150.00

20050301



01312005 Chg-P CR2E034 (10/03)

4. FEI Number
59-6070137

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDSON, JOE Y.
1208 N.W. 6TH STREET
SUITE B
GAINESVILLE, FL 32601-2218

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, 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	STD	<input type="checkbox"/> Delete
NAME	RICHARDSON, JOE Y.	
STREET ADDRESS	2207 NW 25TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 326053855	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANBORN, ESTHER R	
STREET ADDRESS	6484 OLD BAGDAD HIGHWAY	
CITY-ST-ZIP	MILTON, FL 325838990	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANBORN, JACK	
STREET ADDRESS	6484 OLD BAGDAD HIGHWAY	
CITY-ST-ZIP	MILTON, FL 325838990	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RICHARDSON, KAY M	
STREET ADDRESS	22515 NW 60TH AVE	
CITY-ST-ZIP	EVINSTON, FL 32633	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, LESLIE B	
STREET ADDRESS	6570 SWEETBRIAR LANE	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, BETTY B	
STREET ADDRESS	7121 SW 80TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	ADD: (P.O. Box 364)
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8510 S.E. 125TH AVE. (P.O. BOX 1)
CITY-ST-ZIP	EVINSTON FL 32633-0001
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joe Y. Richardson, Secretary & Treasurer* **JOE Y. RICHARDSON** **APR 28, 2005** **352-376-4434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #