

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90210 034 ***158.75

14006117



04202005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2453165 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

PLETTS, DONALD C
1046 S. FORT HARRISON AVE #2
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name DONALD GARWOOD / B-172
Street Address (P.O. Box Number is Not Acceptable)
PUBLIC STORAGE
2990 S.W. 28TH LANE
City MIAMI FL Zip Code 33133

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

Donald C Garwood

4/25/05
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	VPD	<input checked="" type="checkbox"/> Delete
NAME	PLETTS, DONALD C	
STREET ADDRESS	1046 SO. FORT HARRISON AVE. #2	
CITY - ST - ZIP	CLEARWATER, FL 33756	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARWOOD, JANET	
STREET ADDRESS	410 NORTH MILL STREET / P.O. BOX 3889	
CITY - ST - ZIP	ASPEN, CO 81612	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARWOOD, DONALD	
STREET ADDRESS	3703 DAY AVE 10	
CITY - ST - ZIP	MIAMI, FL 33Q33490	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLETTS, DONALD C.	
STREET ADDRESS	1046 SO. HARRISON AVE. #2	
CITY - ST - ZIP	CLEARWATER, FL 33756	
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 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)(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:

JANET GARWOOD Janet Garwood

4/20/05 970 925 8940 X290
Date Daytime Phone #