2005 FOR PROFIT CORPORATION

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

ANNUAL REPORT

DOCUMENT # 404543 1. Entity Name ABEL, BAND RUSSELL, COLLIER, PITCHFORD & GORDON, CHARTERED							04-29-200	5 90176	033 ***1	50.00
Principal Place of Business			Mailing Address							
240 S PINEAPPLE AVE 10TH FLOOR			PO BOX 49948 Sarasota, Fl. 34230-6948 US					50	04451	lű
SARASOTA, FL 34236 US			3ARA301A, 1E 34230-0340 03						7 7 7 7	L U
			T 200 - 200							
2. Principal Place of Business			3. Mailing Address						i Bibli bibli bibl	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02242005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State			4. FEI Number 59-1409			⊢	pplied For ot Applicable
Zip	Country		Zip Cour		itry		of Status Desired		\$8.75 Add Fee Required	fitional
	6. Name	and Address of Current I	ddress of Current Registered Agent		1	7. Name and	Address of New F			
					Name					
COLLIER, RONALD 240 S. PINEAPPLE					Street Address (P.O. Box Number is Not Acceptable)					
10TH FLO		236								
SARASOTA, FL 34236					City			FL	Zip Code	<u>e</u>
O The shows	annund entit	h. A. hamita thia atatamant fa	the expose of these	alaa ita saalatas	<u> </u>	tarad agast or bai	h is the Ctate of El			
		ty submits this statement for tered agent.	the purpose of chan	iging its register	ea onice or regis	tered agent, or bot	n, in the State of Fi	orida. Tam i	amılar witn,	and accept
SIGNATURE_										
	Signature, typed	d or printed name of registered agent a	no title if applicable.	(NOTE Registere	d Agent signature requi	irea when reinstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.0	l	Campaign Finar nd Contribution,		5.00 May Be dded to Fees				
10.		OFFICERS AND		11.		ADDITION\$/	CHANGES TO OFF	ICERS AND		
TITLE NAME	VD Delete				E				☐ Change	☐ Addition
STREET ADDRESS 240 S PINEAPPLE AVE 10FL				NAM STRE	EET ADDRESS					
CITY-SI-ZIP	· · · · · · · · · · · · · · · · · · ·			CITY	+ST-ZIP					,
TITLE	VD	INTUONIV I	☐ Dele		1				☐ Change	☐ Addition
NAME STREET ADDRESS		ANTHONY J NEAPPLE AVE 10FL	NAM STRI		EET ADDRESS					1
CITY-ST-ZIP	SARASO				-ST-ZIP]
TITLE	PD Delete TITT								☐ Change	Addition
NAME STREET ADDRESS	BAND, DAVID S 240 S PINEAPPLE AVE 10FL				re Eet address					
CITY-ST-ZIP					'-ST-ZIP					
TITLE	VD Delete III				E				☐ Change	☐ Addition
NAME STREET ADDRESS	RUSSELL, JEFFREY S. AND STILL			TE EET ADDRESS						
CITY-ST-ZIP	SARASO				'-ST-ZIP					
TITLE	DST		☐ Dele	ete TITL	E				Change	Addition
name Street address	t .	N, CHERYL L. NEAPPLE AVE 10FL		NAM	TE EET ADDRESS					
CITY-ST-ZIP	SARASO				-ST-ZIP					
TITLE	VD		☐ Dele						☐ Change	Addition
NAME	l	ORD, MALCOLM J		NAM						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-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 in changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: Cheryl L. Gordon, Director 3/27/05 941-366-6660										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										