

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90026 006 ***150.00

40010236



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1938659

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALLOY, AUBREY L
1590 VILLAGE SQUARE BLVD
TALLAHASSEE, FL 32309

**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 re-registering)

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 PD
NAME POWELL, JAN E
STREET ADDRESS 1590 VILLAGE SQUARE BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE VD
NAME MALLOY, AUBREY L
STREET ADDRESS 1590 VILLAGE SQUARE BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE SD
NAME PEARSON, MARIA B
STREET ADDRESS 1590 VILLAGE SQUARE BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE TD
NAME ROBLES, PAUL
STREET ADDRESS 1590 VILLAGE SQUARE BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05 850-668-3922
Date Daytime Phone #