## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 12, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # 719001 E FLOTILLA 83, INC.			,				09-13	2-2005	90006 0	37 ****7	'0.00
Principal Ptac 6901 26TH 1 BRADENTON	STREET WEST	Mailing Address 6901 26TH STREET WEST BRADENTON, FL 34207				20066261						
2. Principal P	flace of Business	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					07022005	Chg-Ni	<b>-</b>	CR2E03	7 (10/03)	
City & State		City & State					4. FEI Numb	PPLICAE	LÉ			oplied For
Zip	Country	Zip		Сои	ıntry		5. Certificate	of Status [	Desired		8.75 Add	ditional
	6. Name and Address of Current	Registered A	\gent				7. Name an	d Address	of New Re	gistered A	gent	
n.h-4/	DALL ATTER				Name	20	BEST		Sw	<del></del>		
PARENT/ 3805/7161	PAULÉT/É/R/ TZERR/EAST. TA 151 24043				Street A		P.O. Box Numb	per is Not A				
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	FA 1				City	320	DEWT	S		FL	ZigCod	e Zリ
_	tions of registered agent.	$\leq z$	A-1-							. / .	100	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicat	ole. (NOT	E: Registere	d Agent signati	ure required	when reinstating)		•	DATE	05	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 7, 2005	t and title if applicat	9. Election Car Trust Fund C	mpaign F	inancing		when reinstating) \$5.00 May Added to Fee:			DATE Check	payable t	<u> </u>
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 7, 2005  OFFICERS AND DI  COUTT, ROBERT L  (870953RU 771/F	RECTORS	9. Election Car Trust Fund (	mpaign F Contributi 11. TITLE NAM STRE CITY TITLE NAM STRE	E E E E ADORESS -ST-ZIP	D H Str. D C 5	\$5.00 May Added to Fee: DDITIONS/CI A (LOUD DO 1 5 A DEWAYO	HANGES TO CLAMT (2) W F AUAI W ST	Flori	DATE  ake check da Depart  AS AND DIF	payable to ment of SizeCTORS in Change	terte V 10
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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 SIGNAND OFFICER OR DIRECTO

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Daytime Phone #