


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 770621 1. Entity Name SECOND FLORIDA CAVALRY, INC.	
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Principal Place of Business C/O ROBERT G. MCLENDON, JR. 418 N.W. 19TH STREET GAINESVILLE, FL 32603	Mailing Address C/O ROBERT G. MCLENDON, JR. 418 N.W. 19TH STREET GAINESVILLE, FL 32603
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03252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2915935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCLENDON, ROBERT G., JR. 418 N.W. 19TH STREET UNIT 23A GAINESVILLE, FL 32603
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**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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERMAK, RICH 11122 HAMBLEY AVE. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENSMORE, SR. T 8795 KIOWA TRAIL KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINOLD, JOHN 10360 SW 27TH AVE OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCLENDON, JR. R 418 NW 19TH ST GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIMBLE, TIM 16500 CALDWELL LANE SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, GEORGE V 4985 124TH STREET WELLBORN, FL 32094

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64/07/05-80058-025 61.25

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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 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: Robert G. McLendon Jr. 4/2/05 352-372-4053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #