

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90055 020 ***150.00

40010001



01272005 Chg-P CR2E034 (10/03)

4. FEI Number
13-1851754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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 | CPD | <input type="checkbox"/> Delete |
| NAME | BARASCH, RICHARD A. | |
| STREET ADDRESS | 160 WEST 86TH ST | |
| CITY-ST-ZIP | NEW YORK, NY | |
| TITLE | SVPC | <input type="checkbox"/> Delete |
| NAME | WAEGELEIN, ROERT ARTHUR | |
| STREET ADDRESS | 28 STIRRUP TRAIL | |
| CITY-ST-ZIP | PAULING, NY 12564 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FERRARONE, JOAN M. | |
| STREET ADDRESS | 150 MIDDLE RIVER RD | |
| CITY-ST-ZIP | DANBURY, CT | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DALY, WILLIAM MARTIN | |
| STREET ADDRESS | 23 APPLETREE | |
| CITY-ST-ZIP | BETHEL, CT 06801 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | CANNONE, RICHARD M | |
| STREET ADDRESS | 320 GOLF BROOK CIRCLE | |
| CITY-ST-ZIP | LONGWOOD, FL | |
| TITLE | TSVP | <input type="checkbox"/> Delete |
| NAME | GRAY, DONALD M | |
| STREET ADDRESS | 600 COURTLAND DR. | |
| CITY-ST-ZIP | ORLANDO, FL 32804 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |
| 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 | TSVP | |
| STREET ADDRESS | Gray, Donald M | |
| CITY-ST-ZIP | 1001 Heathrow Park Lane, Ste 5001 Lake Mary, FL 32746 | |

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: *Janice Bal* Janice Bal, Asst. Secretary 1127105 407-628-1776, 8084
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #