

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 814294**

1. Entity Name  
**TAMIAMI BASKET CENTER, INC.**



Principal Place of Business

**PO BOX 710  
PUTNEY, VT 05346 US**

Mailing Address

**THOMAS W. COSTELLO, P.C.  
PO BOX 483, 51 PUTNEY RD  
BRATTLEBORO, VT 05301**

**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**03-0211496**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BERG, SKIP  
1872 S. TAMIAMI TRAIL SUITE D  
VENICE, FL 34293**

**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 reappointing)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
OBUCHOWSKI, MICHAEL  
72 ATKINSON ST.  
BELLOWS FALLS, VT**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
WILSON, GREGORY D  
RIVER ROAD  
PUTNEY, VT**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
COSTELLO, THOMAS W  
51 PUTNEY ROAD  
BRATTLEBORO, VT 05301**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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03/18/05-80028-023 150.00

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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 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:

*Thomas W. Costello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Thomas W. Costello, Secretary**

**3/14/05 802-257-5533**