

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90032 044 ***150.00

DOCUMENT # 834277

1. Entity Name

MEDUSA IMPORTS, INC.



Principal Place of Business

5455 W. WATERS AVE.
SUITE 215
TAMPA FL 33634
US

Mailing Address

5455 W. WATERS AVE.
SUITE 215
TAMPA FL 33634
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1591532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, DALE
5455 W. WATERS AVE.
SUITE 215
TAMPA FL 33634

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing

**\$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SANDERS, D. M.
STREET ADDRESS 5455 W. WATERS AVE. SUITE 215
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME JENKINS, H.M.
STREET ADDRESS 2310 COLLINS LN
CITY-ST-ZIP LAKELAND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5412 LYKES LANE
CITY-ST-ZIP TAMPA, FL 33611

TITLE T ☐ Delete
NAME SANDERS, D.M.
STREET ADDRESS 5455 W. WATER AVE. SUITE 215
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SANDERS, D M
STREET ADDRESS 5455 W. WATERS AVE. SUITE 215
CITY-ST-ZIP TAMPA, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JENKINS, H.M.
STREET ADDRESS 2310 COLLINS LN
CITY-ST-ZIP LAKELAND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5412 LYKES LANE
CITY-ST-ZIP TAMPA, FL 33611

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

[Signature] PRES DALE SANDERS 3/15/05 813 886 6800