

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90026 031 ***150.00

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01142005 Chg-P CR2E034 (10/03)

4. FEI Number
63-0809819

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 PD ☐ Delete
NAME WHITE-SPUNNER, JOHN
STREET ADDRESS 317 WOODBRIDGE DRIVE
CITY-ST-ZIP DAPHNE, AL

TITLE ST ☒ Delete
NAME GARDNER, GERALDINE
STREET ADDRESS 10561 COLEMAN DAIRY RD
CITY-ST-ZIP WILMVER, AL

TITLE VP ☐ Delete
NAME LARGUE, JONATHON
STREET ADDRESS 1012 REGAL DRIVE
CITY-ST-ZIP MOBILE, AL

TITLE VP ☐ Delete
NAME ROWE, TOMMY
STREET ADDRESS 13070 GOFF ROAD
CITY-ST-ZIP WILMER, AL

TITLE VP ☐ Delete
NAME CARRICO, JEFF
STREET ADDRESS 612 VAN AVE
CITY-ST-ZIP DAPHNE, AL

TITLE VP ☐ Delete
NAME FITZGERALD, MICHAEL D
STREET ADDRESS 10654 WILDWOOD AVE
CITY-ST-ZIP MOBILE, AL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE SECRETREAS ☐ Change ☒ Addition
NAME DAVID GREENWOOD
STREET ADDRESS 118 SANDY FORD ROAD
CITY-ST-ZIP FAIRHOPE, AL 36532

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

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

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

TITLE PRESIDENT ☒ 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. DAVID T. GREENWOOD

SIGNATURE:

David T. Greenwood, ST/CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05
Date

251/471-5189
Daytime Phone #