

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90270 015 \*\*\*158.75

20046336



03022005 Chg-P CR2E034 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WEAD, JANE L  
2190 SW 8TH ST.  
MIAMI, FL 33135

## 7. Name and Address of New Registered Agent

Name JANE L. WEAD  
Street Address (P.O. Box Number is Not Acceptable)  
6009 SEA RANCH DR  
UNIT 609 E  
City HUDSON FL Zip Code 34667

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	C	<input type="checkbox"/> Delete
NAME	WEAD, JANE L	
STREET ADDRESS	2190 SW 8TH ST.	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLEY, TOM	
STREET ADDRESS	2190 SW 8TH ST.	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNDY, MADELINE	
STREET ADDRESS	620 S.W. 100TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	P	<input type="checkbox"/> Delete
NAME	CORDERO, EDWIN	
STREET ADDRESS	17440 SW 296TH ST.	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIXON, K.O.	
STREET ADDRESS	4541 MEGHANS RUN	
CITY-ST-ZIP	BATAVIA, OH 45103	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIVERO, EDUARDO	
STREET ADDRESS	610 RAVEN AVE.	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORICE L WITHE	
STREET ADDRESS	6009 SEA RANCH DR #609 E	
CITY-ST-ZIP	HUDSON, FL 34667	
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		

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

FLORICE L WITHE, TREASURER

4-20-05 727-862-9095  
Date Daytime Phone