

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90301 004 ***150.00

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03262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2045975

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, JAMES W., SR.
1124 MARTIN LUTHER KING DR
ORLANDO, FL 32805

**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

Vandine N. Anderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/05
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
NAME	ANDERSON, JAMES W., SR. <i>DIED SEPT 22-04</i>
STREET ADDRESS	1124 MARTIN LUTHER KING DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	STD
NAME	ANDERSON, VANDINE N.
STREET ADDRESS	1124 MARTIN LUTHER KING DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	BING, CYNTHIA A.
STREET ADDRESS	1809 POWELL DR
CITY-ST-ZIP	ARLINGTON, TX
TITLE	D
NAME	ANDERSON, JAMES W., JR.
STREET ADDRESS	1124 MARTIN LUTHER KING DR
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Vandine N. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 407-298-9155
Date Daytime Phone #