## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowers

## Feb 09, 2005 8:00 am **Secretary of State** DOCUMENT # F60158 1. Entity Name 02-09-2005 90034 033 \*\*\*150.00 RICHARD G. GREENAWALT, C.P.A., P.A. Principal Place of Business Mailing Address 1145 NW 117 AVE 1145 NW 117 AVE CORAL SPRINGS FL 33071 40015718 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 5322 N.W. 5322 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number SPRINGS PRINGS 59-2145532 ORAL ORAL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33076 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENAWALT, RICHARD G. 1145 NW-117-AVE-CORAL SPRINGS FL-33071-8. 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition ☐ Delete TITLE GREENWALT, RICHARD G NAME NAME 5322 N.W. 102 AVE CERAL SPRINGS FL 1145 NW-117-AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FL 33071 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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, FloridayStatutes; and that my name appears in Block 10 or Block 11 if

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