

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90107 008 \*\*\*158.75

**20034543**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2182467**

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**

DAVIDSON, SUE ELLEN  
1619 QUEENSWAY ROAD  
ORLANDO, FL 32808

**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 *Sue Ellen Davidson, President* 4/7/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DAVIDSON, SUE
STREET ADDRESS	1619 QUEENSWAY ROAD
CITY-ST-ZIP	ORLANDO, FL
TITLE	V
NAME	DAVIDSON, SUSAN
STREET ADDRESS	428 BAY POINT DR. NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	ST
NAME	TANNER, MAURA
STREET ADDRESS	64 KANTAGREE TRAIL
CITY-ST-ZIP	OSTEEN, F
TITLE	V
NAME	CRAWFORD, KATHRYN S
STREET ADDRESS	4512 HIDDEN OAK CT.
CITY-ST-ZIP	ORLANDO, FL 32804
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: *Sue Ellen Davidson* *Sue Ellen Davidson* 4/7/05 (407) 599-9880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #