

FILED  
Mar 30, 2005 8:00 am  
Secretary of State

03-30-2005 90033 031 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

40042320



02262005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2250595 Applied For Not Applicable.

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

6. Name and Address of Current Registered Agent

EMERY, WILLIAM V., III  
115 EAST GRANADA BOULEVARD, SUITE 1  
ORMOND BEACH, FL 32074

7. Name and Address of New Registered Agent

Name JACQUELINE L. WEIR

Street Address (P.O. Box Number is Not Acceptable)

805 PATTERSON DR

City SO. DAYTONA FL Zip Code 32119

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 *Jacqueline L. Weir*

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

(NOTE: Registered Agent signature required when reinstating)

3/21/2005

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 STD  
NAME WEIR, JACQUELINE L  
STREET ADDRESS 805 PATTERSON DR.  
CITY-ST-ZIP SO. DAYTONA, FL ☐ Delete

TITLE DP  
NAME WEIR, JOHN C  
STREET ADDRESS 805 PATTERSON DRIVE  
CITY-ST-ZIP SO. DAYTONA, FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD  
NAME WEIR, JACQUELINE L  
STREET ADDRESS 805 PATTERSON DR.  
CITY-ST-ZIP SO. DAYTONA, FL ☒ Change ☐ Addition

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

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

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

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

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

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: *Jacqueline L. Weir*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05 (386) 767-3991  
Date Daytime Phone #