

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

RECEIVED **FILED**
Jan 31, 2005 08:00 AM
Secretary of State

05 JAN 27 AM 9:08

BUREAU OF
PLANNING, BUDGET AND
FINANCIAL SERVICES



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2932709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____

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 NAME STREET ADDRESS CITY - ST - ZIP	CEO READ, MICHAEL 9 AVIATOR WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO BROLUND, ROBERT 9 AVIATOR WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARLOW, STEWART 9 AVIATOR WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HIRSH, AUSTIN L 30 SOUTH WACKER DRIVE CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/01/05-80054-001 150.00

**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)(f), 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

ROBERT BROLUND

1/20/05 386-673-3575