## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 15, 2005 8:00 am Secretary of State DOCUMENT # G56744 V 03-15-2005 90035 015 \*\*\*150.00 REPUBLIC SECURITIES OF AMERICA, INC. V Principal Place of Business Mailing Address 600 E. COLONIAL DR. #100 600 E. COLONIAL DR. #100 v JUUGOJOI ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2316697 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANK L. SCHRIMSHER Street Address (P.O. Box Number is Not Acceptable) 600 E. COLONIAL DR. #100 \ ORLANDO FL 32803 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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. PD TITLE TITLE Change ☐ Addition Delete SCHRIMSHER, FRANK L. NAME NAME 1541 HEMPEL AVE STREET ADDRESS STREET ADDRESS CITY+ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME SCHRIMSHER, J.STEVEN NAME STREET ADDRESS 3340 CARLA ST STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP CITY-ST-7IP SCHRIMSHER, MICHAEL A Change Delete ☐ Addition TITLE TITLE NAME SCHRIMSHER, MICHAEL A. NAME STREET ADDRESS STREET ADDRESS 3330 Carla street 530 CLAIRE ST. CITY-ST-ZIP ORLANDO FL CITY-ST-ZIF Orlando 71 32806 TITEE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ISINE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Steven Schrimsher

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED