

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90160 001 ***450.00

00004500



02142005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2446479** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MCDEVITT, WILLIAM J
2201 CANTU CT
STE 202
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name **John M. Compton**

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

1819 Main St., Suite 610

City **Sarasota**

FL

Zip Code **34236**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/05

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	DS	<input type="checkbox"/> Delete
NAME	PICKLE, KEITH A.	
STREET ADDRESS	1939 LINCOLN DR	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCDEVITT, WILLIAM J.	
STREET ADDRESS	2201 CANTU CT	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	TAS	<input checked="" type="checkbox"/> Delete
NAME	GOREE, GARY	
STREET ADDRESS	5707 MONTE ROSSO RD	
CITY-ST-ZIP	SARASOTA, FL 33243	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MULLANEY, DONALD T	
STREET ADDRESS	1880 CHIMNEY CREEK PLACE	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, WILLIAM	
STREET ADDRESS	349 6TH AVE N	
CITY-ST-ZIP	TERRE VERDE, FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William J. McDevitt, President 2/15/05 941-377-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #