

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90562 047 \*\*\*158.75

20036154



04132005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2666659**

Applied For	
Not Applicable	

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

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name  
Street Address (P. O. Box Number is Not Acceptable)  
City **FL** 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

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	T	<input type="checkbox"/> Delete
NAME	MCCABE, DAVID M	
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOYCE, CHRISTOPHER J	
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALLA, JOHN	
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASKADON, MARY	
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ADMAS, LYNN A	
STREET ADDRESS	1455 BROAD ST., 4TH FLOOR	
CITY-ST-ZIP	BLOOMFIELD, NJ 07003	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Gordon Strickland	
STREET ADDRESS	1455 Broad Street, 4th Floor	
CITY-ST-ZIP	Bloomfield, NJ 07003	
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:

*John Valla*

*John Valla, Vice President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #