

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 A
Secretary of State

0000000000 J69616

1. Entity Name
CORVETTE, INC.



Principal Place of Business
1305 WYOMING AVE
ST CLOUD, FL 34769

Mailing Address
1305 WYOMING AVE
ST CLOUD, FL 34769



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DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2800246

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 00000000
0000000000

6. Name and Address of Current Registered Agent

PUMMER, DORTHEA
3170 ESTATES DRIVE
POMPANO BEACH, FL 33069

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 000000
0000000000

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
PUMMER, DOROTHEA
3170 ESTATES DRIVE
POMPANO BEACH, FL 33064

TITLE
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**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)(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: Dorothea Pummer Ph.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05 407 957 2053

Date Daytime Phone #