

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

02-16-2004 90073 001 ***300.00
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04 FEB 20 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00101010



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2857331	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

NOT REQUIRED PURSUANT TO
SECTION 607.034 (2)
FLORIDA STATUTES
., FL

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	FROELICH, DAVE
STREET ADDRESS	4502 CORTEZ ROAD WEST
CITY-STATE-ZIP	BRADENTON, FL 34210
TITLE	D
NAME	MILLER, TIMOTHY J.
STREET ADDRESS	3203 52 AVE. DRIVE WEST
CITY-STATE-ZIP	BRADENTON, FL 34207
TITLE	DP
NAME	NEFF, JERRY L
STREET ADDRESS	5508 31ST COURT E
CITY-STATE-ZIP	ELLENTON, FL 34222
TITLE	C
NAME	RUSS, J GARY
STREET ADDRESS	16500 SINGLETARY ROAD
CITY-STATE-ZIP	MYAKKA CITY, FL 34251
TITLE	D
NAME	COMPARETTO, MARIO
STREET ADDRESS	1800 NORTH GATE BLVD A-8
CITY-STATE-ZIP	SARASOTA, FL 34234
TITLE	D
NAME	HAGMAN, WILLIAM R JR
STREET ADDRESS	224 VIA NAPOLI
CITY-STATE-ZIP	NAPLES, FL 341057110

**DO NOT WRITE
IN THIS SPACE**

for 2/20

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 a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04
Date

941 795 3050
Daytime Phone #