

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90057 007 ***150.00

20014634



01182005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2850743** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAUNDERS, NICOLE R
6244 SPRINGER DRIVE
PORT RICHEY, FL 34668

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 _____ (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	PD	<input checked="" type="checkbox"/> Delete
NAME	DENNISON, JOEL F.	
STREET ADDRESS	5440 RICHEY DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	QUINN, PETER J	
STREET ADDRESS	324 173 AVE 3	
CITY-ST-ZIP	N. REDINGTON BEACH, FL 33708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUCK, DONALD A JR	
STREET ADDRESS	19843 ELLENDALE DRIVE	
CITY-ST-ZIP	LAND O LAKES, FL 34639	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAUNDERS, NICOLE B	
STREET ADDRESS	5240 WELLFIELD ROAD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5128 HALTATA COURT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VP, DIRECTOR	<input checked="" 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: NICOLE B. SAUNDERS VP 1/19/05 727 874-7899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #