

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64374

FILED
Apr 19, 2005
Secretary of State

Entity Name: THE SOUTH FLORIDA CONSERVATION CENTER, INC.

Current Principal Place of Business:

5803 MAGGIORE TRAIL
ZELLWOOD, FL 327985307

New Principal Place of Business:

5803 MAGGIORE TRAIL
ZELLWOOD, FL 327985307 US

Current Mailing Address:

5803 MAGGIORE TRAIL
ZELLWOOD, FL 327985307

New Mailing Address:

5803 MAGGIORE TRAIL
ZELLWOOD, FL 327985307 US

FEI Number: 65-0101839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASEMAN, JOHN ANTON
5803 MAGGIE TRAIL
ZELLWOOD, FL 32798 US

Name and Address of New Registered Agent:

MASEMAN, JOHN A D
5803 MAGGIORE TRAIL
ZELLWOOD, FL 32798 US

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.

SIGNATURE: JOHN A. MASEMAN

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASEMAN, JOHN ANTON,
Address: 5803 MAGGIORE TRAIL
City-St-Zip: ZELLWOOD, FL 32798

Title: D () Delete
Name: MASEMAN, GAYNOR JACK, SON
Address: 5803 MAGGIORE TRAIL
City-St-Zip: ZELLWOOD, FL 32798

Title: D () Delete
Name: DURANTE, RICHARD J.,
Address: 5400 SADLER RD. PO BOX 1294
City-St-Zip: ZELLWOOD, FL 327981294

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MASEMAN, JOHN A
Address: 5803 MAGGIORE TRAIL
City-St-Zip: ZELLWOOD, FL 327985307 US

Title: D (X) Change () Addition
Name: MASEMAN, GAYNOR J
Address: 5803 MAGGIORE TRAIL
City-St-Zip: ZELLWOOD, FL 327985307 US

Title: D (X) Change () Addition
Name: DURANTE, RICHARD J
Address: 5400 SADLER RD. PO BOX 1294
City-St-Zip: ZELLWOOD, FL 327981294 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. MASEMAN

D

04/19/2005

Electronic Signature of Signing Officer or Director

Date