

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2005  
Secretary of State**

DOCUMENT# N01000000979

Entity Name: SPONGE ASSOCIATES OF FLORIDA, INC.

**Current Principal Place of Business:**

26 WEST PARK ST.  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

26 WEST PARK ST.  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 59-3642714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BILLIRIS, GEORGE  
26 WEST PARK ST.  
TARPON SPRINGS, FL 34689      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SEBAUGH, FRANK  
Address: 523 ANCLOTE RD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D      ( ) Delete  
Name: LOVE, JEFF  
Address: PO BOX 2064  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D      ( ) Delete  
Name: DILLIS, GEORGE  
Address: 3331 SAFFORD AVE  
City-St-Zip: TARPON SPRINGS, FL 34680

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF LOVE

D

04/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date