

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90013 048 \*\*\*\*61.25

**DOCUMENT # N03000006081**

1. Entity Name  
**BRITE STAR TWIRLERS OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**522 HALLOWELL CIR  
ORLANDO, FL 32828**

Mailing Address  
**522 HALLOWELL CIR  
ORLANDO, FL 32828**

00000000



08232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1701964**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DOWDY, CANDICE D  
12252 CALABOOSE COURT  
ORLANDO, FL 32828**

**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

*Candice D. Dawdy*

(NOTE: Registered Agent signature required when re-registering)

*8/29/05*

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDY, CANDICE D 522 HALLOWELL CIR. ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDY, RODNEY E 522 HALLOWELL CIR. ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUSTELNYK, ANDREA J 1107 MARCUS COURT WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 617, 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:**

*Candice D. Dawdy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/29/05*

Date

Daytime Phone #

*(407) 737-0929*