

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

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000010526**

1. Entity Name  
**VITA BREVITAS, INC.**



Principal Place of Business  
**605 MICHIGAN BOULEVARD  
APT. NO. 122  
DUNEDIN, FL 34698 US**

Mailing Address  
**605 MICHIGAN BOULEVARD  
APT. NO. 122  
DUNEDIN, FL 34698 US**



04232005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**20-1025186**

Applied For  
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**GALLAGHER, FRANCIS O  
605 MICHIGAN BOULEVARD  
APT NO 122  
DUNEDIN, FL 34698**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 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  
**P,T  
GALLAGHER, FRANCIS O  
605 MICHIGAN BOULEVARD, APT. 122  
DUNEDIN, FL 34698**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP,S  
GALLAGHER, CAROLE A  
605 MICHIGAN BOULEVARD, APT. 122  
DUNEDIN, FL 34698**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000336872  
04/27/05-80141-015 61.25

U00000336872  
04/27/05-80141-016 8.75

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year