# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 08, 2005**
**Secretary of State**

DOCUMENT# N04000006417

**Entity Name:** FLORIDADS, INC.

**Current Principal Place of Business:**

410 RIDGE DR
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

410 RIDGE DR
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

BOYD, ROBERT J
AKERMAN SENTERFITT
106 E COLLEGE AVE - STE 1200
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: MORGAN, DAVID T
Address: 410 RIDGE DR
City-St-Zip: NAPLES, FL 34108

Title: VPSD ( ) Delete
Name: BOYD, ROBERT J
Address: 106 E COLLEGE AVE - STE 1200
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD ( ) Delete
Name: RAGUSA, JAMES
Address: 8889 PELICAN BAY BLVD - STE 200
City-St-Zip: NAPLES, FL 34108

**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: DAVID T. MORGAN PD 02/08/2005

Electronic Signature of Signing Officer or Director — Date