

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAR 21 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number **20-1362186** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALVATORI, LEO J ESQ
4001 TAMiami TRAIL NORTH SUITE 330
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name **Salvatori & Wood, P.L.**
Street Address (P.O. Box Number is Not Acceptable) **4001 Tamiami Trail North**
Suite 330
City **Naples** FL Zip Code **34103**

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  (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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	REED, ROBERT M II	
STREET ADDRESS	5130 MAIN STREET SUITE 6	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SELBECK, BARBARA	
STREET ADDRESS	5130 MAIN STREET SUITE 6	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	DT	<input type="checkbox"/> Delete
NAME	THOMAS, KEVIN	
STREET ADDRESS	5130 MAIN STREET SUITE 6	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

12/6/05
Date

Daytime Phone #