

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000007223

1. Entity Name
SAVE OUR CANALS, INC.



FILED

05 OCT -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8703 COBBLESTONE DR
TAMPA, FL 33615

Mailing Address
8703 COBBLESTONE DR
TAMPA, FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112005

Chg-NP

CR2E037 (10/03)

4. FEI Number

20-1403664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, BONNIE, M
5425 THERESA RD SUITE B
TAMPA, FL 33615

7. Name and Address of New Registered Agent

Name

Bonnie Martin

Street Address (P.O. Box Number is Not Acceptable)

5425 Theresa Rd #A

City Tampa

FL

Zip Code 33615

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

Bonnie Martin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

20060501222
10/11/05--01066--024
10-8-05 **\$1.25

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

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRY, BRIAN 8703 COBBLESTONE DR TAMPA, FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WETZEL, NORMAN 8451 FLAGSTONE DR TAMPA, FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, LARRY 8805 BAY POITE DR #105A TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, CLAUDIA 5821 DORY WAY TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TERRY 4310 SUNRAY CT TAMPA, FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, GEORGE 3901 E EDEN ROC CIRCLE TAMPA, FL 33634	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lynette Peel 4621 Bay Crest Dr, Tampa FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Duckhardt 3942 Doral Drive Tampa FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruno Schmidt 5836 Portsmouth Dr, Tampa FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE Joel Cooper 5821 Dory Way, Tampa, FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEREMY HARENZA-Secy KIM HENDERSON-P.R. Dir 9806 Mako Ct Tampa, FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAN LENTOWICZ 8719 Driftwood Drive Tampa, FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

Bonnie Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-2005

Date

813-884-2012

Daytime Phone #

SAVE OUR CANALS, INC
8703 Cobblestone Dr
Tampa, FL 33615
October 3, 2005

Mr. Sean Toner, Senior Section Administrator
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Mr. Toner

At the suggestion of Mr. Tyrone Scott of your office this morning, I am writing to explain the circumstances of this matter as I see it. Please reference your letter of September 27, 2005, Subject: Save Our Canals, Inc., Ref. No. NO4000007223 (Letter Number: 205A00058867). In your letter, you state that our corporation was administratively dissolved for failure to file its 2005 corporate annual report form.

According to my records, this is what happened: I mailed you our check No. 508 in amount of \$61.25 on the same day it was written, August 30, 2005, from the Paula Drive branch post office here in Tampa. I am quite diligent about fulfilling my obligations and meeting deadlines and as the due date for the filing was September 7, 2005, I thought the mailing was timely enough. .

Mr. Toner, we are a start-up group trying to do some good for the environment in our area and our funds are few. We would like to use our limited resources to advance our very worthy cause, which is to persuade county and state officials to preserve and protect our waterways. As in most parts of the State, they have become seriously degraded over the years from neglect. For that reason, I respectfully request that you grant us a waiver for the requirement to re-file for reinstatement.

With kindest regards, I am



LYNETTE PEEL
Treasurer
Save Our Canals, Inc