

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

08-23-2004 90013 010 ****61.25

66433527



MOORE CR2E037 (4/04)

59-2691338
AP-PLIED FOR

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONNELLY, MIKE
2506 MISTIC POINT
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name **Brooks P. Byrd**

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

2510 Mistic Point Way

Tampa

City

FL

Zip Code

33611

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/15/04

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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 ☐ Delete
NAME **JORDAN, RUDOLPH**
STREET ADDRESS **2508 MISTIC POINT**
CITY-ST-ZIP **TAMPA FL 33611** Title: Director

TITLE ☐ Delete
NAME **COMPANION, PAT**
STREET ADDRESS **2502 MISTIC POINT**
CITY-ST-ZIP **TAMPA FL 33611** Title: Director

TITLE ☒ Delete
NAME **CONNELLY, MICHAEL J**
STREET ADDRESS **2506 MISTIC POINT WAY**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete
NAME **BYRD, BROOKS P**
STREET ADDRESS **2510 MISTIC POINT WAY**
CITY-ST-ZIP **TAMPA FL 33611** Title: Director

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Trentalange, Mike**
STREET ADDRESS **2506 Mistic Point Way**
CITY-ST-ZIP **Tampa FL 33611** Title: Director

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

8/19/04

Date

Daytime Phone #

Sept 6, 04

Attachment
N15715

66433527

To Whom it May Concern:

Thank you for letting me know about the information still needed on our uniform business report. I believe I have now added the needed information.

Please contact me if this is not adequate, for any reason. Otherwise I will assume that this has been filed properly.

Thank you for your assistance.

Brooks P. Byrd
2510 Mistic Point Way
Tampa, FL 33611
813-839-7066