

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90251 014 ****61.25

DOCUMENT # N22047

1. Entity Name
THIRD PARTY REGISTRATIONS, INC.



Principal Place of Business
**C/O DANIEL A. BOTTS
4401 EAST COLONIAL DRIVE
ORLANDO, FL 32803**

Mailing Address
**C/O DANIEL A. BOTTS
4401 EAST COLONIAL DRIVE
ORLANDO, FL 32803**

50041630

2. Principal Place of Business
800 Trafalgar Court

3. Mailing Address
P.O. Box 948153

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

04152005 Chg-NP CR2E037 (10/03)

City & State
Maitland, FL

City & State
Maitland, FL

4. FEI Number
59-2840325

Applied For
☐ Not Applicable

Zip
32751

Country
USA

Zip
32794

Country
USA

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

6. Name and Address of Current Registered Agent

**BOTTS, DANIEL A.
4401 EAST COLONIAL DRIVE
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name:

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

800 Trafalgar Court, Suite 200

City

Maitland

FL

Zip Code
32751

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

Daniel A. Botts

President

April 18, 2005

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BOTTS, DANIEL A**
STREET ADDRESS **4401 E COLONIAL DR**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **T** ☐ Delete
NAME **HAIR, ALAN E**
STREET ADDRESS **4401 E COLONIAL DR**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **C/D** ☐ Delete
NAME **BEASLEY, LARRY E**
STREET ADDRESS **1975 W STATE ROAD 426**
CITY-ST-ZIP **OVIEDO, FL**

TITLE **VD** ☒ Delete
NAME **SPARKMAN, PERRY L**
STREET ADDRESS **1012 S PALM AVE**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **D** ☒ Delete
NAME **ENGLAND, GARY**
STREET ADDRESS **P.O. BOX 1228**
CITY-ST-ZIP **ZELLWOOD, FL**

TITLE **D** ☐ Delete
NAME **JOHNSON, ROBERT R**
STREET ADDRESS **P.O. BOX 867**
CITY-ST-ZIP **MOUNT DORA, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **800 Trafalgar Court, Suite 200**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **800 Trafalgar Court, Suite 200**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Youngs, Thomas L.**
CITY-ST-ZIP **6161 Jones Avenue Zellwood, FL 32798**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Aerts, Michael J.**
CITY-ST-ZIP **800 Trafalgar Court, Suite 200 Maitland, FL 32751**

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

TITLE **VP** ☒ 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:

Daniel A. Botts

Daniel A. Botts

4/18/05

321-214-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #