

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # N41032

1. Entity Name



Principal Place of Business
P O BOX 540123
MERRITT ISLAND, FL 32954

Mailing Address
P O BOX 540123
MERRITT ISLAND, FL 32954



04202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3049114

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRETTA, ALBERT C
254 LAKE SHORE DRIVE
MERRITT ISLAND, FL 32953

**DO NOT WRITE
IN THIS SPACE**

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 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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARRETTA, ALBERT C
STREET ADDRESS	254 LAKE SHORE DR
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	D
NAME	BASS, GLYN
STREET ADDRESS	263 LAKE SHORE DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	WINSTON, PAUL
STREET ADDRESS	212 LAKE SHORE DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	ANDERSON, ANTHONY
STREET ADDRESS	248 LAKE SHORE DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32953

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Albert C Barretta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-05

Date

321 953-0329

Daytime Phone #