2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2005 8:00 am

1. Entity Na	JMENT # N94000002 TON AMATEUR RADIO CL					ary or St		
5430 16TH	ice of Business ST E N, FL 34203 US	Mailing Address P 0 BOX 814 ONECO, FL 34264			20012	619 		
2. Principal	Place of Business 64 St. Wast	3. Mailing Address	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Suite, Ap		Suite, Apt. #, etc.		02042005	Chg-NP	CR2E037 (10/03)		
City & Sta	adenton FL	City & State		4. FEI Number 65-04861	27	⊢	oplied For ot Applicable	
Zip 342	209 USA	Zip	Country	5. Certificate of	Status Desired	□ \$8.75 Add Fee Require	ditional ed	
	6. Name and Address of Current	Registered Agent			Idress of New R	egistered Agent	·	
SCHULZ, ROBERT J 5430 16TH ST E				Name Guy S. STROUP Street Address (P.D. Box Number is Not Acceptable) 705 6455+ West				
	TON, FL 34203			905 642	5t. W	est		
1	• •		City Z	Bradenton	 I	FL Zg Cod	209	
8. The above the obligation	e named entity submits this statement for ations of registered agent.	or the purpose of changing its	s registered office or					
SIGNATURE	Sun Ax	Hroup	Gur 5, 9	STROUP	Feb	15,2005		
	Signature, typed or pyrited name of registered agent	and title if applicable. (NOT	E: Registered Agent signatur	re required when reinstating)	•	DATE		
	Signature, typed or g/inted name of Vegistared agent Filling Fee Is \$61.25 Due by May 1, 2005	9. Election Ca	mpaign Financing	specified when reinstating) \$5.00 May Be Added to Fees	M.	DATE ake check payable to Ida Department of S	o	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII	9. Election Ca Trust Fund	mpaign Financing	\$5.00 May Be Added to Fees	M: Flori	ake check payable to	o tate	
10. I TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIT ST SCHULZ, ROBERT J 5430 16TH ST E	9. Election Ca Trust Fund	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS	S5.00 May Be Added to Fees ADDITIONS/CHAN	Floringes TO OFFICER	ake check payable to lida Department of SIRS AND DIRECTORS IN Change	o tate	
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a nereby 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: