

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90158 037 ****61.25

DOCUMENT # N95000004562 1. Entity Name FEISTY ACRES INC.					
Principal Place of Business 4493 N.E. 147TH COURT WILLISTON, FL 32696 US			Mailing Address 4493 N.E. 147TH COURT WILLISTON, FL 32696 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3355961	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent NUTE, EDNA M 4493 N.E. 147TH COURT WILLISTON, FL 32696				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CMD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	NUTE, EDNA M		NAME		
STREET ADDRESS	4493 N.E. 147TH COURT		STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL		CITY-ST-ZIP		
TITLE	PD ☐ Delete		TITLE	PD ☒ Change ☐ Addition	
NAME	FLECK, KATHLEEN		NAME	Fleck, Kathleen	
STREET ADDRESS	13985 NE 45TH AVE		STREET ADDRESS	853 NW 2nd Ave	
CITY-ST-ZIP	ANTHONY, FL 32617		CITY-ST-ZIP	Williston, FL 32696	
TITLE	TD ☐ Delete		TITLE	TD ☒ Change ☐ Addition	
NAME	KERIS, CAROLYN		NAME	KERIS, CAROLYN	
STREET ADDRESS	8486 SW 61 TERRACE ROAD		STREET ADDRESS	810 SE 44th Ave	
CITY-ST-ZIP	OCALA, FL 34478		CITY-ST-ZIP	Ocala, FL 34471	
TITLE	S ☒ Delete		TITLE	S ☒ Change ☒ Addition	
NAME	KIMMICK, LINDA		NAME	Mary Flickinger	
STREET ADDRESS	4495 NE 147TH COURT		STREET ADDRESS	11403 SW 274th St	
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP	Newberry, FL 32669	
TITLE	VD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	PAIGE, DEBBIE		NAME		
STREET ADDRESS	2396 NE 54TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34479		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Kathleen Fleck</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
<i>Kathleen Fleck - President</i>			Date 4/7/05		
			Daytime Phone # 352-817-0663		