

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90559 045 *****61.25

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|--|--|--|---|--|--|------|--|--|--|------|-------------|
| DOCUMENT # N96000004522 | | | | | | | | | | | |
| 1. Entity Name PROJECT STAND, INC. | | | | | | | | | | | |
| Principal Place of Business 4426 BAYVIEW STREET PORT CHARLOTTE, FL 33948 US | | | Mailing Address PO BOX 31 FT MYERS, FL 33928 US | | | | | | | | |
| 2. Principal Place of Business 627 SE 30th Lane Cape Coral, FL | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | |
| City & State Cape Coral, FL | | City & State | | 4. FEI Number 65-0704299 | | | | | | | |
| Zip 33904 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | |
| 6. Name and Address of Current Registered Agent LEWIS, ROBERT K JR 6237 A PRESIDENTAL FT MYERS, FL 33919 | | | 7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Name</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">City</td><td style="padding: 2px;">FL Zip Code</td></tr> </table> | | | Name | | Street Address (P.O. Box Number is Not Acceptable) | | City | FL Zip Code |
| 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 _____ (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. <input type="checkbox"/> | | \$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 P/S | NAME KISS, AMY K PRES | <input type="checkbox"/> Delete | TITLE Director, President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | Amy K Henderson 627 SE 30th Lane Cape Coral, FL 33904 | | | | | | |
| STREET ADDRESS 4426 BAYVIEW ST | CITY-ST-ZIP PORT CHARLOTTE, FL 33948 | <input type="checkbox"/> Delete | TITLE Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | Elizabeth R Perdue 627 SE 30th Lane Cape Coral, FL 33904 | | | | | | |
| STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | |
| STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | |
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| STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | |
| 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: <u>Amy K Henderson</u> | | | <u>Amy K Henderson</u> | | | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | | | | | | | |