2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000010396

1. Entity Name
DISCONNECTED, INC.

Principal Place of Business	Mailing Address
13102 LUNTZ POINT LANE WINDERMRE, FL 34786	13102 LUNTZ POINT LANE WINDERMRE, FL 34786

DO NOT WRITE IN THIS SPACE

04202005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3622207	Not Applicable

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

6. Name and Address of Current Registered Agent

SINEX, KEVIN A
13102 LUNTZ POINT LANE
WINDERMRE, FL 34786

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 _____   PRESIDENT   4/24/05
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SINEX, KEVIN A
STREET ADDRESS	13102 LUNTZ POINT LANE
CITY-ST-ZIP	WINDERMRE, FL 34786

TITLE	V
NAME	SINEX, GINGER L
STREET ADDRESS	13102 LUNTZ POINT LANE
CITY-ST-ZIP	WINDERMRE, FL 34786

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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04/27/05-80165-001 150.00

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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 607, 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: _____   4/24/05   407-497-0825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #