

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 12 AM 11:13



11092004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3350858

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WATKINS, JIMMIE D  
1052 ALMOND TREE CIRCLE  
ORLANDO, FL 32835-8007

## 7. Name and Address of New Registered Agent

Name: LINDA G. WATKINS  
Street Address (P.O. Box Number is Not Acceptable): 1052 ALMOND TREE CIRCLE  
City: ORLANDO FL Zip Code: 32835

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: Linda G. Watkins, LINDA G. WATKINS, V-PRES. 11-9-04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

## 10. OFFICERS AND DIRECTORS

TITLE	P/T	<input checked="" type="checkbox"/> Delete
NAME	WATKINS, JIMMIE D	
STREET ADDRESS	1052 ALMOND TREE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 328358007	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	WATKINS, LINDA G V-PRES	
STREET ADDRESS	1052 ALMOND TREE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 328358007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, LINDA G.	
STREET ADDRESS	1052 ALMOND TREE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 328358007	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Linda G. Watkins, LINDA G. WATKINS, V-PRES. 11-9-04 407-522-0306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/18/04