

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90035 006 \*\*\*150.00

40010540



01302005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3651800 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

DURDEN, OTTIS J  
13203 SW 107 ST  
DUNNELLON, FL 34432

Name  
DURDEN, OTTIS J  
Street Address (P.O. Box Number is Not Acceptable)  
13130 SW 111th Pl.

City  
Dunnellon, FL FL Zip Code  
34432-5200

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 *Sam Durden*  
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

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

TITLE D ☐ Delete  
NAME DURDEN, OTTIS J  
STREET ADDRESS 13203 SW 107 ST  
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE D ☒ Change ☐ Addition  
NAME DURDEN, OTTIS J  
STREET ADDRESS 13130 SW 111th Pl.  
CITY-ST-ZIP DUNNELLON, FL 34432-5200

TITLE D ☐ Delete  
NAME DURDEN, CAROL F  
STREET ADDRESS 13203 SW 107 ST  
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE D ☒ Change ☐ Addition  
NAME DURDEN, CAROL F  
STREET ADDRESS 13130 SW 111th Pl.  
CITY-ST-ZIP DUNNELLON, FL 34432-5200

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Sam Durden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352)  
1-31-05 489-0530