

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 25 AM 10:30

DOCUMENT # **P0000030607**

1. Entity Name  
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Principal Place of Business

7207 114TH AVE. N.  
SUITE C/F  
LARGO, FL 33773

Mailing Address

7207 114TH AVE. N.  
SUITE C/F  
LARGO, FL 33773

**DO NOT WRITE IN THIS SPACE**



No Chg-P CR2E034 (10/03)

4. FEI Number

593637696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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( 11( ' < % 9'  
7\$03\$ ) /

Schecht, Neil S  
3630 W. Kennedy Blvd  
Tampa FL 33609

**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

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

QDFFRUCDFH ZUKV E ) 6 WH  
FRUSRUDRO GGC RW H H H WH SURUCRPH

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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1257+5, ' \* ( ' 5 (\$672713 Northridge Dr.E  
8/( \$5: \$7(5 ) / Clearwater FL 33761

800058195548  
08/03/05--01047--002 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/05 727-548-1999