

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000040222

1. Entity Name
ROUTE 52 CORPORATION



Principal Place of Business
1505 N. FLORIDA AVENUE
TAMPA, FL 33602

Mailing Address
1505 N. FLORIDA AVENUE
TAMPA, FL 33602



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3646224

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KASS, MICHAEL
1505 N. FLORIDA AVENUE
TAMPA, FL 33602

**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 reissuing)

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 DVP
NAME KASS, MICHAEL
STREET ADDRESS 1505 N. FLORIDA AVENUE
CITY-ST-ZIP TAMPA, FL 33602

TITLE DPT
NAME KARPAY, GEORGE
STREET ADDRESS 13909 CARROLLWOOD VILLAGE RUN
CITY-ST-ZIP TAMPA, FL 33618

TITLE VPS
NAME LEWIS, DALE F
STREET ADDRESS 13909 CARROLLWOOD VILLAGE RUN
CITY-ST-ZIP TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/11/05-80032-004 150.00

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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)(f), 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 another like empowered

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/8/05

(813) 962-6262

Date

Daytime Phone #