## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 04, 2005 08:00 AM DOCUMENT # P00000081769 Secretary of State 1. Entity Name CRAIG A. MUNDY, P.A. Principal Place of Business Mailing Address 4927 SOUTHFORK DR 4927 SOUTHFORK DR LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-3665244 Not Applicable Ζip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUNDY, CRAIG A 4927 SOUTHFORK DR Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 Zip Code City 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 DATE Signature, typed or printed name of registered agent and life it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U2/14/15-81121-11 Change . 1 Addition ☐ Delete THE TITLE MUNDY, CRAIG A NAME NAME 4927 SOUTHFORK DR STREET ADDRESS STREET ADDRESS CITY - ST - ZIP LAKELAND FL 33813 CITY-ST-ZIP \_\_\_\_ A...... ☐ Change ☐ Delete HILE TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST - ZIP ☐ Delete TITLE Change Addition [ TUTLE NAME NAME STREET ADDRESS STREET ADURESS CHY-SI-ZP CITY-ST-ZIP Change ☐ Addiso TITLE ☐ ∩elete THE MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7tP CITY - ST - Z/P ☐ Change ☐ Additte ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Adding THLE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS City-SI-ZIP 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 cath, 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 changed, or on an attachment with an address, with all other like empowered.