

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90174 048 \*\*\*158.75

14003753



04232005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3691257**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

STEINMETZ, LEO P  
108 S OLD DIXIE HWY  
LADY LAKE, FL 32159

## 7. Name and Address of New Registered Agent

Name **Nancy P. Steinmetz**  
Street Address (P.O. Box Number is Not Acceptable)  
**108 S. Old Dixie Hwy**  
City **Lady Lake** FL Zip Code **32159**

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 *Nancy P. Steinmetz* **Nancy P. Steinmetz Pres.** **4-23-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOT: 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINMETZ, LEO P	
STREET ADDRESS	108 S OLD DIXIE HWY	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINMETZ, NANCY P	
STREET ADDRESS	108 S OLD DIXIE HWY	
CITY-ST-ZIP	LADY LAKE, FL 32159	
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/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy P. Steinmetz	
STREET ADDRESS	108 S. Old Dixie Hwy	
CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil J. Steinmetz	
STREET ADDRESS	108 S. Old Dixie Hwy	
CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen A. Steinmetz	
STREET ADDRESS	108 S. Old Dixie Hwy	
CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	I	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan O'Brien	
STREET ADDRESS	108 S. Old Dixie Hwy	
CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheila J. Rodriguez	
STREET ADDRESS	108 S. Old Dixie Hwy	
CITY-ST-ZIP	Lady Lake, FL 32159	
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: *Nancy P. Steinmetz* **Nancy P. Steinmetz Pres.** **4-23-05** **352-753-9009**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #