

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 30 AM 11:14



06152005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3703103

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STIMMELL, EVA  
7205 MILTON AVENUE  
COCOA, FL 32927

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Eva Stimmell*  
Signature, typed or printed name of registered agent and title if applicable.

Eva Stimmell, V. Pres.

6-24-05

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT  
NAME STIMMELL, JAMES S ☐ Delete  
STREET ADDRESS 7205 MILTON AVE  
CITY-ST-ZIP COCOA, FL 32927

TITLE DVS  
NAME TODD, MARSHALL F ☒ Delete  
STREET ADDRESS 7205 MILTON AVENUE  
CITY-ST-ZIP COCOA, FL 32927

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 700057097227 ☐ Change ☐ Addition  
STREET ADDRESS 07/06/05--01065--011 \*\*\$61.25  
CITY-ST-ZIP

TITLE DVS  
NAME Stimmell, Eva ☐ Change ☒ Addition  
STREET ADDRESS 7205 Milton Avenue  
CITY-ST-ZIP Cocoa, FL 32927

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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:

*James S. Stimmell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Stimmell, Pres.

6-24-05

Date

(321)

632-4111

Daytime Phone #