

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000060512**

1. Entity Name

213 CIRCLE, INC.



Principal Place of Business

213 CIRCLE SQ.  
SEBRING FL 33870

Mailing Address

3790 ENCHANTED OAKS LN.  
SEBRING FL 33875



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3736785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTON, ROBERT E  
445 S. COMMERCE AVE.  
SEBRING FL 33870

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

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**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| TITLE           | D                       | <input type="checkbox"/> Delete |
| NAME            | RIMER, JAMES M          |                                 |
| STREET ADDRESS  | 3790 ENCHANTED OAKS LN. |                                 |
| CITY - ST - ZIP | SEBRING FL 33875        |                                 |
| TITLE           | D                       | <input type="checkbox"/> Delete |
| NAME            | RIMER, KATHLEEN A       |                                 |
| STREET ADDRESS  | 3790 ENCHANTED OAKS LN. |                                 |
| CITY - ST - ZIP | SEBRING FL 33875        |                                 |
| TITLE           | D                       | <input type="checkbox"/> Delete |
| NAME            | BRENNER, EUGENE B       |                                 |
| STREET ADDRESS  | 1631 ROOSEVELT AVE.     |                                 |
| CITY - ST - ZIP | SEBRING FL 33875-4635   |                                 |
| TITLE           | D                       | <input type="checkbox"/> Delete |
| NAME            | BRENNER, JOAN WEBER- S  |                                 |
| STREET ADDRESS  | 1631 ROOSEVELT AVE.     |                                 |
| CITY - ST - ZIP | SEBRING FL 33875-4635   |                                 |
| 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           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

1100000277724  
03/26/05-80041-001 150.00

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 Rimer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES RIMER

3-24-05

Date

863-444-1767

Daytime Phone #