

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 SEP 23 PM 3:15



09152005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1126440

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LONGMIRE, B. EUGENE
966 WHIPPOORWILL ROW
WEST PALM BEACH, FL 33411

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

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 LONGMIRE, B. EUGENE ☐ Delete
STREET ADDRESS 966 WHIPPOORWILL ROW
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE DVS
NAME LONGMIRE, KARLYCE T ☐ Delete
STREET ADDRESS 966 WHIPPOORWILL ROW
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE AS
NAME FAHEY, KERRY ☐ Delete
STREET ADDRESS 13804 156TH STREET NORTH
CITY-ST-ZIP JUPITER, FL 33478

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AVP
NAME Jeremy S. Longmire ☐ Change ☒ Addition
STREET ADDRESS 966 Whippoorwill Row
CITY-ST-ZIP West Palm Beach FL 33411

TITLE
NAME 400059874394
STREET ADDRESS 09/23/05--01006--003 **61.25
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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: Karlyce T. Longmire 9/19/2005 561-753-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #