## 2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P01000111838

1. Entity Name



**FILED** Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90185 011 \*\*\*150.00

Separation   Separate   Separat			
Suite. Apt. #, etc.    Suite. Apt. #, etc.   Suite. Apt. #, etc.	SUITE 16 TALLAHASSEE, FL 32303	Venda andi herrana u hara	
City & State  City & State  City & State  City & State  A. FEI Number	Mailing Address		
Sp-3760084   Not Applic   Sp-3760084   Sp-	Suite, Apt. #, etc. 02232005 Chg-P CR2E034	02232005 Chg-P CR2E034 (10/03)	
Size   Country   Zip   Country   Size   Country   Size	· I	Applied For Not Applicable	
Name   Name	Zip Country 5 Certificate of Status Desired		
WEIDENBACH, LINDA K 1560 CAPITAL CIR NW STE 16 TALLAHASSEE, FL 32303  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 acceptable)  SIGNATURE  Signature, hybrid or pritted name of registered agent and table if applicable (MOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution. S5.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE  WEIDENBACH, LINDA K STREET ADDRESS  1560 CAPITAL CIRCLE NW, STE. 3 TALLAHASSEE, FL 32303	stered Agent 7. Name and Address of New Registered Age	ent	
Sireel Address (P.O. Box Number is Not Acceptable)  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 acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Floridae.  Interpolation of Floridae agent.  SIGENATURE OF FL 23203  Interpolation of Floridae	Name		
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 account the obligations of registered agent.  SIGNATURE  Signature. Indeed, in the State of Florida. I am familiar with, and account to the obligations of registered agent. In the State of Florida. I am familiar with, and account to the obligations of registered agent. In the State of Florida. I am familiar with, and account to the obligations of registered agent. In the State of Florida. I am familiar with, and account to the obligations of registered agent. In the State of Florida. I am familiar with, and account to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and account to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and account to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and account to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and account to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and account to both, in the State of Florida. I am familiar with, and account to both, in the State of Florida. I am familiar with, and account to both, in the State of Florida. I am familiar with, and account to both, in the State of Florida. I am familiar with, and account to both, in the State of Florida. I am familiar with, and account to both, in the State of Florida. I am familiar with, and account to both, in the State of Florida. I am familiar with, and account to both, in the State of Florida. I am familiar with, and account to both, in the State of Florida. I am familiar with, and account to both, in the State of Florida. I am familiar with, and account to both, in the State of Florida. I am familiar with, and account to both, in the State of Florida. I am familiar with, and account to both	Street Address (P.O. Box Number is Not Acceptable)		
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 accepted agent and other importance of registered agent.  SIGNATURE  SIGNATURE  Signature, typod or printed name of registered agent and other implicable (NOTE: Registered Agent signature required when reinstating)  PATE  PILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  Interpolation Comparing Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTERPOLATION CAPITAL CIRCLE NW, STE. 3  STREET ADDRESS  CITY-SI-ZIP  TALLAHASSEE, FL 32303  TITLE  NAME  STREET ADDRESS			
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FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IITLE  NAME  VEIDENBACH, LINDA K STREET ADDRESS  CITY-ST-ZIP  TALLAHASSEE, FL 32303  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE  NAME  VEIDENBACH, LINDA K STREET ADDRESS  CITY-ST-ZIP  TALLAHASSEE, FL 32303  TALLAHASSEE, FL 32303  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TALLAHASSEE, FL 32303  TALLAHASSEE, FL 32303  TITLE  NAME  STREET ADDRESS			
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  D WEIDENBACH, LINDA K STREET ADDRESS 1560 CAPITAL CIRCLE NW, STE. 3 CITY-ST-ZIP  TALLAHASSEE, FL 32303  TITLE  NAME WEIDENBACH, WILLIAM C JR. STREET ADDRESS 1560 CAPITAL CIRCLE NW, STE. 3 CITY-ST-ZIP  TALLAHASSEE, FL 32303  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TALLAHASSEE, FL 32303  TREET ADDRESS TALLAHASSEE, FL 32303  TREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32303  TREET ADDRESS STREET ADDRESS	e if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
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NAME STREET ADDRESS CITY-ST-ZIP  TALLAHASSEE, FL 32303  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS 1560 Capital Cir NW, Ste 16	<b>2</b> Change ☐ Addilion	
NAME STREET ADDRESS NAME STREET ADDRESS	NAME STREET ADDRESS 1540 Capital Cir NW, Ste 16		
	NAME Street address	Change Addition	
TITLE         Delete         TITLE         Change         Add           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP	NAME Street Address	Change Addition	
ITLE	NAME STREET ADDRESS	Change Addition	
INTLE 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	NAME STREET ADDRESS CITY-SI-ZIP		

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.

850-576-1118