

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90028 021 ***150.00

DOCUMENT # P02000007334

1. Entity Name
148 N. HIGHWAY 19, INC.



Principal Place of Business
148 US HWY 19 N
SPRING HILL, FL 34606

Mailing Address
154 COMMERCIAL WAY
SPRING HILL, FL 34606



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0039692

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZIELINSKI, JOSEPH A
152 US HWY 19 N
SPRING HILL, FL 34606

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: 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
NAME ZIELINSKI, JOSEPH A
STREET ADDRESS 154 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE D
NAME ZIELINSKI, JEROME H
STREET ADDRESS 154 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE D
NAME ZIELINSKI, JOAN M
STREET ADDRESS 154 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE D
NAME HURLSTON, THOMAS E
STREET ADDRESS 154 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: J. Zielinski JEROME ZIELINSKI 1-18-05 352-683-5683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #