

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000020495	
1. Entity Name CURTIS CORP	

Principal Place of Business
**6723 KEYSTONE DR.
SARASOTA, FL 34231**Mailing Address
**6723 KEYSTONE DR.
SARASOTA, FL 34231**

07192005 No Chg-P GR2ED34 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
69-3260985Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****WINCHESTER, STEVEN CURTIS
6723 KEYSTONE DR.
SARASOTA, FL 34231****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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****U000000374689
07/27/05-80004-003 550.00****10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WINCHESTER, STEVEN CURTIS
STREET ADDRESS	6723 KEYSTONE DR.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VD
NAME	WINCHESTER, BLAINE
STREET ADDRESS	6723 KEYSTONE DR.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	SD
NAME	WINCHESTER, MAX
STREET ADDRESS	6723 KEYSTONE DR.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(b), 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: *S.C. Winchester*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/05 941.926.9426

DATE

Daytime Phone #