

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90283 016 \*\*\*150.00

**20041936**



04192005 Chg-P CR2E034 (10/03)

4. FEI Number **68-0503469** Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

HAMMOND, FRANCIS J  
521 PINELLAS BAYWAY S.  
#205  
TIERRA VERDE, FL 33715

## 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)

**4/19/05**  
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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **HAMMOND, FRANCIS J**  
STREET ADDRESS **521 PINELLAS BAYWAY S., NO. 205**  
CITY-ST-ZIP **TIERRA VERDE, FL 33715**

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

TITLE **T** ☐ Delete  
NAME **HAMMOND, JAMES F**  
STREET ADDRESS **6269 PALMA DEL MAR BLVD. #207**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33715**

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

TITLE **VPS** ☐ Delete  
NAME **DONDURAND, KRISTEN L**  
STREET ADDRESS **3 PINE KNOLL ROAD**  
CITY-ST-ZIP **FRANKLIN, MA 02034**

TITLE **VPS** ☒ Change ☐ Addition  
NAME **DANDURAND, KRISTEN L.**  
STREET ADDRESS **3 Pine Knoll Road**  
CITY-ST-ZIP **Franklin, MA 02034**

TITLE \_\_\_\_\_ ☐ Delete  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

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

TITLE \_\_\_\_\_ ☐ Delete  
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STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
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TITLE \_\_\_\_\_ ☐ Delete  
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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 life empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/05**  
Date

**727 866-3885**  
Daytime Phone #