

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

05 MAY -5 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05042005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0599498 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

GLOVER, RICHARD A  
1809 MICCOSUKEE COMMONS DR.  
SUITE 108  
TALLAHASSEE, FL 32309

## 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 \_\_\_\_\_ (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	V	<input type="checkbox"/> Delete
NAME	CLERVAL, JIM	
STREET ADDRESS	1543 BALKIN RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMPTON, JEREMY	
STREET ADDRESS	1543 BALKIN RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BODIFORD, TRACEY	
STREET ADDRESS	1543 BALKIN RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melvin Adkins	
STREET ADDRESS	1543 Balkin Road	
CITY-ST-ZIP	Tallahassee, Florida 32305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] Date 5-5-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #