

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90090 018 ***150.00

DOCUMENT # P02000075253

1. Entity Name
R TO THE FIFTH, INC.



Principal Place of Business
6696 CORTEZ RD W
BRADENTON, FL 34210

Mailing Address
6688 CORTEZ RD W
BRADENTON, FL 34210

20022833



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212005

Chg-P

CR2E034 (10/03)

4. FEI Number
02-0623207

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURTIS, CLINTON A
141 FIFTH ST, NW
WINTER HAVEN, FL 33881

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 re-registering)

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 NAME STREET ADDRESS CITY-ST- ZIP	D HORNE, JOHN C 9925 LAUREL CALLEY CIR BRADENTON, FL 34202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	C HURLEY, FRED H 6209 64TH DR, EAST PALMETTO, FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	M HARKNESS, GARY 4615 56TH STREET, W. BRADENTON, FL 34210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

John C Horne

3/5/05