

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076262

Entity Name: FLORIDA SUNBEEMERS, INC.

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

6110 55 AVE CIR E
BRADENTON, FL 34203

New Principal Place of Business:

431 OLD MAIN STREET
BRADENTON, FL 34205

Current Mailing Address:

6110 55 AVE CIR E
BRADENTON, FL 34203

New Mailing Address:

431 OLD MAIN STREET
BRADENTON, FL 34205

FEI Number: 65-0364443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, DANA
6110 55 AVE CIR E
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

NOLAN, TOM
431 OLD MAIN STREET
BRADENTON, FL 34205 US

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.

SIGNATURE: TOM NOLAN

01/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PONETEIT, BOB
Address: 2431 LORNA LINDA ST
City-St-Zip: SARASOTA, FL 34239

Title: V () Delete
Name: NOLAN, TOM
Address: 2424 51ST BLVD E
City-St-Zip: BRADENTON, FL 34208

Title: S () Delete
Name: HARVEY, PAT
Address: 5632 RAVENWOOD DR
City-St-Zip: SARASOTA, FL 34243

Title: T () Delete
Name: MILLS, DANA
Address: 6110 55 AVE CIR E
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARVEY, JERRY
Address: 5632 RAVENWOOD DR
City-St-Zip: SARASOTA, FL 34243

Title: V (X) Change () Addition
Name: GARCIA, CAL
Address: 1755 CUNLIFF LANE
City-St-Zip: SARASOTA, FL 34239

Title: S (X) Change () Addition
Name: BAKER, KATHERINE
Address: 5777 WHISTLEWOOD CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: T (X) Change () Addition
Name: NOLAN, TOM
Address: 431 OLD MAIN STREET
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM NOLAN

T

01/11/2005

Electronic Signature of Signing Officer or Director

Date