

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90054 043 ***150.00

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01252005 Chg-P CR2E034 (10/03)

4. FEI Number
03-0479376

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name Alan S. Polackwich, Sr., Esq.

Street Address (P.O. Box Number is Not Acceptable)
4100 20th Street

City Vero Beach FL Zip Code 32960

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 Alan S. Polackwich Sr. 1-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE PD ☐ Delete
NAME SMITH, VERNON D
STREET ADDRESS 2810 S FEDERAL HWY
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE T ☐ Delete
NAME BROWN, TIM
STREET ADDRESS 2810 S FEDERAL HWY
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE S ☐ Delete
NAME ROBBINS, CINDY
STREET ADDRESS 2810 S FEDERAL HWY
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE AT ☐ Delete
NAME LONG, LEAELEANOR
STREET ADDRESS 2810 S FEDERAL HWY
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE AS ☐ Delete
NAME WILLIS, MARY
STREET ADDRESS 2810 S FEDERAL HWY
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Change ☐ Addition
NAME Isaac, Ilain
STREET ADDRESS 2810 S Federal Hwy
CITY-ST-ZIP Fort Pierce, FL 34982

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

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

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

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NAME
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 like empowered.

SIGNATURE: Leaeleanor M. Long 2/4/05 (772) 4661200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #