2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 13, 2005 8:00 am Secretary of State DOCUMENT # P02000099550 1. Entity Name 04-13-2005 90037 001 \*\*\*150.00 JACK BREIDEN, P.A. Mailing Address Principal Place of Business 171 COMMERCIAL BLVD., SUITE 25 171 COMMERCIAL BLVD., SUITE 25 NAPLES FL 34104 20031400 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address SAME AS 222 NOUSTRAL BLUD Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 153 <u> うしい しょう (City & State</u> Applied For City & State 4. FEI Number 59-2762351 APLES, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name BREIDEN, K. JACK 222 INDUSTRIAL BLVD Street Address (P.O. Box Number is Not Acceptable) **SUITE 153** NAPLES FL 34104 City 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) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. **PSVT** TITLE Change ☐ Addition ☐ Delete TITLE BREIDEN, K. JACK NAME NAME STREET ADDRESS 222 INDUSTRIAL BLUD, STE 153 STREET ADDRESS 171 COMMERCIAL BLVD., SUITE 25 CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP NAPLES, FL 34104 Change ☐ Addition ☐ Delete TITLE TITLE NAME BREIDEN, K. JACK NAME STREET ADDRESS 222 INDUSTRIAL BLUD, STE, IS3 STREET ADDRESS 171 COMMERCIAL BLVD., SUITE 25 CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP NAPLES, FL 34104 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not quality 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 of the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**