

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90025 028 ***150.00

40036257



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
33-1030061

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARINO, MONICA
221 HANGING MOSS DR
OVIDO, FL 32765

**DO NOT WRITE
IN THIS SPACE**

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 Monica Marino
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, 2005 ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGREGOR, SHARALYN 7607 PURITAN RD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, DEBORAH 7607 PURITAN RD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARINO, LOUIS 221 HANGING MOSS DR OVIDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARINO, MONICA 221 HANGING MOSS DR OVIDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Monica Marino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

Date

407-620-1454

Daytime Phone #