

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000120814 1. Entity Name IN PURSUIT, INC.	
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Principal Place of Business 1655 NORTH DR. SARASOTA, FL 34239	Mailing Address 1655 NORTH DR. SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2088481	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PLUM, LAURA A CPA
1800 2ND STREET, STE. 745
SARASOTA, FL 34236

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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 _____ (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
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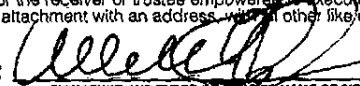
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, WILLIAM B 1655 NORTH DR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JENNIFER L 1655 NORTH DR. SARASOTA, FL 34239
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04/28/05-80032-022 150.00

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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, without other like empowered.

SIGNATURE:  **4/25/05**

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____