

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90028 001 \*\*\*150.00

40001357



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3730429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FELDMAN, H. JOHN  
215 NORTH JOANNA AVENUE  
TAVARES, FL 32778-3200

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	DP HAMILTON, RONNIE K 123 E. HAMILTON BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHOVER, JOHN L M.D. 8615 MAIDSTONE COURT LARGO, FL 346471314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DS SHOVER, IRMA I 8615 MAIDSTONE COURT LARGO, FL 346471314</del> <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT S LEVERITT, KAREN 116 N. MAIN STREET BUSHNELL, FL 33513
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: *Karen D. Leveritt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/05* *727-323-8444*  
Date Daytime Phone #