## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

GR

## Mar 14, 2005 8:00 am Secretary of State **DOCUMENT # P03000010762** 03-14-2005 90106 014 \*\*\*150.00 SOROOSH ENTERPRISES, INC. Principal Place of Business Mailing Address 110 CAMPBELL DRIVE 110 CAMPBELL DRIVE 50025837 WINTER HAVEN, FL 33884-3254 WINTER HAVEN, FL 33884-3254 3. Mailing Address 2. Principal Place of Business 344 LAKE DAIS P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 03082005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For WINTER HAVEN WINTER HAVEN. 54-2094697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33882*-155*2 Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>BRUCE LYBARGER</u> SOROOSH, GREGG H Street Address (P.O. Box Number is Not Acceptable) 110 CAMPBELL DRIVE WINTER HAVEN, FL 33884-3254 300 CIRCLE PARK DRIVE 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, typed or printed na nt and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD PD TITLE ☐ Delete TITLE Change Addition GREGG SOROOSH 300 CIRCLE PARK DRIVE NAME SOROOSH, GREGG NAME 110 CAMPBELL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 338843254 CITY-ST-ZIP SEBRING FL 33870 DV TITLE Delete TITLE ☐ Change ■ Addition NAME SOROOSH, NOEL NAME 110 CAMPBELL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 338843254 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received 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 attach ith an address, with all other like empowered.

**FILED**