

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90028 021 \*\*\*150.00

**DOCUMENT # P03000026570**

1. Entity Name

**SPARETIME CONSTRUCTION, INC.**



Principal Place of Business

**2335 TAMiami TRAIL NORTH, SUITE 301  
NAPLES FL 34103**

Mailing Address

**2335 TAMiami TRAIL NORTH, SUITE 301  
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1178406**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLD, DENNIS S ESQ.  
2335 TAMiami TRAIL NORTH, SUITE 301  
NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **HELSDON, KELLY A**  
STREET ADDRESS **2335 TAMiami TRAIL NORTH, SUITE 301**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VP** ☒ Delete  
NAME **WOODIS, JOHN L**  
STREET ADDRESS **1417 SE 20TH AVE**  
CITY-ST-ZIP **CAPE CORAL FL 33821**

TITLE **\_\_\_\_\_** ☐ Delete  
NAME **\_\_\_\_\_**  
STREET ADDRESS **\_\_\_\_\_**  
CITY-ST-ZIP **\_\_\_\_\_**

TITLE **\_\_\_\_\_** ☐ Delete  
NAME **\_\_\_\_\_**  
STREET ADDRESS **\_\_\_\_\_**  
CITY-ST-ZIP **\_\_\_\_\_**

TITLE **\_\_\_\_\_** ☐ Delete  
NAME **\_\_\_\_\_**  
STREET ADDRESS **\_\_\_\_\_**  
CITY-ST-ZIP **\_\_\_\_\_**

TITLE **\_\_\_\_\_** ☐ Delete  
NAME **\_\_\_\_\_**  
STREET ADDRESS **\_\_\_\_\_**  
CITY-ST-ZIP **\_\_\_\_\_**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D P** ☒ Change ☐ Addition  
NAME **Helsdon, Kelly A.**  
STREET ADDRESS **2335 Tamiami Trail North, Suite 301**  
CITY-ST-ZIP **Naples, FL 34103**

TITLE **\_\_\_\_\_** ☐ Change ☐ Addition  
NAME **\_\_\_\_\_**  
STREET ADDRESS **\_\_\_\_\_**  
CITY-ST-ZIP **\_\_\_\_\_**

TITLE **\_\_\_\_\_** ☐ Change ☐ Addition  
NAME **\_\_\_\_\_**  
STREET ADDRESS **\_\_\_\_\_**  
CITY-ST-ZIP **\_\_\_\_\_**

TITLE **\_\_\_\_\_** ☐ Change ☐ Addition  
NAME **\_\_\_\_\_**  
STREET ADDRESS **\_\_\_\_\_**  
CITY-ST-ZIP **\_\_\_\_\_**

TITLE **\_\_\_\_\_** ☐ Change ☐ Addition  
NAME **\_\_\_\_\_**  
STREET ADDRESS **\_\_\_\_\_**  
CITY-ST-ZIP **\_\_\_\_\_**

TITLE **\_\_\_\_\_** ☐ Change ☐ Addition  
NAME **\_\_\_\_\_**  
STREET ADDRESS **\_\_\_\_\_**  
CITY-ST-ZIP **\_\_\_\_\_**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Kelly A. Helsdon*

**Kelly A. Helsdon, Dir/Pres. 2/7/05 239-250-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**2354**