

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90090 016 ***158.75

DOCUMENT # P03000055397

1. Entity Name
PROGRAMMED FOR TOMORROW, INC.



Principal Place of Business

2001 HODGES BLVD.
1702
JACKSONVILLE, FL 32224

Mailing Address

2001 HODGES BLVD.
1702
JACKSONVILLE, FL 32224

2. Principal Place of Business

10915 Wahine Dr. N.

Suite, Apt. #, etc.

3. Mailing Address

10915 Wahine Dr. N

Suite, Apt. #, etc.



04122005 Chg-P CR2E034 (10/03)

City & State

Jacksonville FL 32

City & State

Jacksonville, FL

4. FEI Number

11-3689578

Applied For

Not Applicable

Zip

32246

Country

Duval

Zip

32246

Country

Duval

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHREE LAW OFFICES, P.A.
4035 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

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

Robert G. Cathey Jr. Robert G. Cathey Jr.

4-12-05

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CATHEY, ROBERT G JR.
STREET ADDRESS 2001 HODGES BLVD. 1702
CITY-ST-ZIP JACKSONVILLE, FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Robert G. Cathey Jr.
STREET ADDRESS 10915 Wahine Dr. N.
CITY-ST-ZIP Jax. FL 32246 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert G. Cathey Jr. Robert G. Cathey Jr. 4-12-05 904-476-7370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #