2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State 03-21-2005 90080 040 ***150.00

City & State SACASOTA City & State SACASOTA A. FEI Number 16-1675137 Zip Country Zip	34 (10/03) April Not \$8.75 Addition Required	plied For t Applicable	
City & State SACASOTA City & State Country Countr	Apr Not \$8.75 Addi Fee Required	t Applicable	
SACASOTA Zip 3423 Country FL SACASOTA 16-1675137 Country FL 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	\$8.75 Addi	t Applicable	
3423 FL 3423 FL 5. Certificate of Status Desired G. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and New	Fee Required	monai i	
	egent .	1	
HARRIS, GARY P 3131 CLARK ROAD SUITE 202 SARASOTA, FL 34231 City Sarasota	Zip Code	3	
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. 1 am fathe obligations of registered agent. SIGNATURE Signature. typed or printed name of registered agent and title d applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees	amiliar with, a	and accept	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	5 IN 11	
TITLE NAME COOPER, SANDRA STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231	Change	Addition	
TITLE VP Delete TITLE NAME COOPER, MARK STREET ADDRESS 3131 CLARK ROAD - SUITE 202 CHANGE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CHANGE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231	Change	Addition	
TITLE NAME HARRIS, GARY P STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change	Addition	
VITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition	
12. I hereby certify that the information supplied with this fitting does not qualify for the exemption stelled by 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: Mark Cooled 941-923-6459			