

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Roberts AUG 23 2005

FILED

05 AUG 22 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08182005 Chg-P CR2E034 (10/03)

4. FEI Number
54-2109400

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIVINS, RONGETTE M
2530 SUNRISE DR SE
ST PETERSBURG, FL 33705

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$81.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GIVINS, RONGETTO M
STREET ADDRESS 2530 SUNRISE DR. SE
CITY-ST-ZIP SAINT PETERSBURG, FL 33705 ☐ Delete

TITLE V
NAME GIVINS, ANTHONY A
STREET ADDRESS 2530 SUNRISE DR., SE
CITY-ST-ZIP SAINT PETERSBURG, FL 33705 ☒ Delete

TITLE S
NAME MILLER, GERTRUDE
STREET ADDRESS 1042 15TH AVE. S
CITY-ST-ZIP SAINT PETERSBURG, FL 33705 ☒ Delete

TITLE
NAME
STREET ADDRESS
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 Givins, Rongette M
STREET ADDRESS 2530 Sunrise Dr. S.E.
CITY-ST-ZIP St. Pete, FL 33705 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800058968348
08/25/05--01045--021 **70.00

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

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: Rongette M. Givins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/19/05 727-542-3892
Date Daytime Phone #