

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

05 AUG -2 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. Ecker AUG 08 2005



07262005 Chg-P CR2E034 (10/03)

4. FEI Number  
41-2103820

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BRAGG, ADAM G  
10302 LITTLE ROAD  
NEW PORT RICHEY, FL 34652

## 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 \$61.25

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

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BRAGG, ADAM G  
STREET ADDRESS 10302 LITTLE RD  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE D ☐ Delete  
NAME BRAGG, LEIGH A  
STREET ADDRESS 10302 LITTLE RD  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE D ☒ Delete  
NAME JOHNSON, KELLY A  
STREET ADDRESS 9702 JOE ST  
CITY-ST-ZIP HUDSON, FL 34669

TITLE D ☒ Delete  
NAME JOHNSON, DEAN A  
STREET ADDRESS 9702 JOE ST  
CITY-ST-ZIP HUDSON, FL 34669

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600058534236  
CITY-ST-ZIP 08/12/05--01050--006 \*\*70.00

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

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

TITLE ☐ Change ☐ Addition  
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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 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:

Adam G. Bragg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/2005  
Date

727-364-6136  
Daytime Phone #