

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90378 025 \*\*\*150.00

**14011976**



01102005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1201132** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

**CREED, JERE D**  
**1755 S.E. 7TH STREET**  
**FT LAUDERDALE, FL 33316**

## 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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	CREED, JERE D	
STREET ADDRESS	1755 S.E. 7TH STREET	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GUIMMEH, GEORGE	
STREET ADDRESS	PO BOX 1087	
CITY-ST-ZIP	LAKE PLACID, FL 33862	
TITLE	S	<input type="checkbox"/> Delete
NAME	CREED, KAREN	
STREET ADDRESS	1755 SE 7TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUCCARELLI, ROSA	
STREET ADDRESS	1525 NW 56TH STREET #204	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>GVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Grimmett, George</b>	
STREET ADDRESS	<b>PO BOX 1087</b>	
CITY-ST-ZIP	<b>LAKE PLACID, FL 33862</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Buccarelli, Ron</b>	
STREET ADDRESS	<b>1811 NW 51st Street</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33309</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ **Jere D. Creed** **4-28-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #