## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # P03000112405					FIL	.ED			
1. Entity Name VILLAGEKEEPERS OF FLORIDA, INC.				1	05 NOV -2				
Principal Place of Business Mailing Address					deure i Art Allahassi	OF STAT	TF		
1239 CORNISH CT 1239 CORNIS				1/	allahassi	E, FLORI	DA		
SARASOTA, FL 34232	SARASOTA, FL 34232				KSS 41115 SBF11 4B111 SBF	)	I <b>SM SAMS A</b> IIF		
2. Principal Place of Business	3. Mailing Address								
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		10272005	Chg-P	CR2E034	(10/03)		
City & State	City & State	City & State		4. FEI Number 20-0320652			Applied For Not Applicable		
Zíp Country	Zip	Country			of Status Desired   \$8.75 A		.75 Addi	tional	
6. Name and Address of Curre	at Registered Agent				ddress of New R		e Required ent		
			Name Jeffry-D: Graman						
PLUM, LAURA A 1800 2ND ST, STE 745			Street Address (P.O. Box Number is Not Acceptable)						
SARASOTA, FL 34236		-		1239 61	rnish C	Dur			
				1		FL	Zip Code		
8. The above named entity submits this statement	t for the purpose of changing its	registered office		red agent, or both.	in the State of Flo			H233 ind accept	
the obligations of registered agent.	···	rogiotoros omos	or rogioto.	oo agana or boun	,	. /	/		
SIGNATURE JOHNY J. V	) Or					DATE	D5		
Signature, typed or printed number registered ag	ent and title if applicable. (NOTE	: Registered Agent sig	sature required	d when reinstating)		DATE			
Amended AR is \$61.25	9. Election Campaig Trust Fund Contr			.00 May Be ded to Fees				,	
1_	ND DIRECTORS	11.			HANGES TO OFF		_	_	
TITLE P NAME O'GORMAN, JAMES	☐ Delete	TITLE NAME	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	P. Hrey J.	D' Biorma	un L	] Change	又Addition	
STREET ADDRESS 1239 CORNISH CT		STREET ADDRES		Herry J. North	a Chica. 4	P.	•		
CITY-ST-ZIP SARASOTA, FL 34232	Delete	TITLE		NUVYN ;	Dr7, 02 3		] Change	Addition	
NAME	220 5000	NAME		90	00611	1430	0.9	_	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRES CITY-ST-ZIP	S	11/02/	00611 0501032	002	**51.2	25	
TITLE O	☐ Delete	TITLE					Change	Addition	
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CITY-ST-ZIP		CITY-ST-ZIP				<del></del>		(1) To a control of the control of t	
TITLE	☐ Delete	TITLE		<del></del>			Change	☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRES	s						
CITY-ST-ZIP		CITY-ST-ZIP							
TITLE NAME	☐ Delete	TITLE NAME					] Change	☐ Addition	
STREET ADDRESS		STREET ADDRES	s						
CITY-S1-ZIP		CITY-ST-ZIP	ļ.				- Chance	[7] Addition	
THE A A A A A A A A A A A A A A A A A A A	☐ Defete	TITLE NAME				L	] Change	Addition	
STREET ADDRESS	Agricon Control	STREET ADDRES	s		, ,				
CITY-ST-ZIP  12. I hereby certify that the information supplied v	with this filing does not qualify for	the exemption	tated in Se	ection 119.07(3)(i)	, Florida Statutes.	I further certify	that the in	formation	
indicated on this report or supplemental report of the corporation or the receiver or trustee er	rt is true and accurate and that n mpowered to execute this report	ny signature sha as required by (	I have the	same legal effect.	as if made under i	nath that I am :	an officer (	or director 1	
changed, or on an attachment with an address	is, with all other like empowered.	•		1-	11/20				
SIGNATURE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		10	71/03	Davtin	me Phone #		
( Symatone and Tiped						22,0			