

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90294 029 ***150.00

50050920



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2133950	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FINLEY, GERARD M
4312 EL PRADO BLVD
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity, submit 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

Gerard M. Finley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/05

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 PD
NAME FINLEY, GERARD M
STREET ADDRESS 4312 EL PRADO BLVD
CITY-ST-ZIP TAMPA, FL 33629

NAME FINLEY, BONNIE
STREET ADDRESS 4312 EL PRADO BLVD
CITY-ST-ZIP TAMPA, FL 33629

TITLE DS
NAME BERLIN, ERIN M
STREET ADDRESS 4312 EL PRADO BLVD
CITY-ST-ZIP TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 813-831-8588
Date Daytime Phone #