

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB-23 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

34006373

2/16/04 90034 028 \$150.00



02042004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0772418  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE T	
STREET ADDRESS	5060 18TH AVE W	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGSON, THOMAS L	
STREET ADDRESS	3602 WILDERNESS BLVD E	
CITY-ST-ZIP	PARRISH, FL 34219	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINARDI, NORMAN J	
STREET ADDRESS	2306 PALMA SOLA BLVD	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLINO, ROBERT J M.D.	
STREET ADDRESS	9309 17TH AVE NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, COPELAND C JR	
STREET ADDRESS	7304 21ST AVE NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, JULIANNA H	
STREET ADDRESS	2811 PALMA SOLA BLVD	
CITY-ST-ZIP	BRADENTON, FL 34209	

## 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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.

LLOYD W. GEIGER  
SR. VICE PRESIDENT & CASHIER

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/6/04 Daytime Phone 941-727-2500