

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90095 040 \*\*\*150.00

**DOCUMENT # P04000022919**

1. Entity Name

READING CHALLENGE, INC.



Principal Place of Business

1150 LOUISIANA AVENUE SUITE 4  
WINTER PARK FL 32789

Mailing Address

1150 LOUISIANA AVENUE SUITE 4  
WINTER PARK FL 32789

2. Principal Place of Business

7512 DR. Phillips Blvd  
Suite 500 Box 327

3. Mailing Address

SAME  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

4. FEI Number

20-0629656

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR  
1150 LOUISIANA AVENUE SUITE 4  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

KEVIN MURPHY

Street Address (P.O. Box Number is Not Acceptable)

7512 DR. Phillips Blvd Suite 50

City

ORLANDO

FL

Zip Code

32819

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 not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CEO ☐ Delete  
NAME KEVIN MURPHY  
STREET ADDRESS 8268 TIGARD DR.  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE VP ☐ Delete  
NAME DOLORES MURPHY  
STREET ADDRESS 8268 TIGARD DR.  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
CITY-ST-ZIP

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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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-05

Date

407-996-3767

Daytime Phone #