## 2005 FOR PROFIT CORPORATION ANNUAL, REPORT (AR)

changed, or on an attachment with an

SIGNATURE:

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jun 22, 2005 8:00 am **Secretary of State** DOCUMENT # P04000026891 1. Entity Name 06-22-2005 90077 008 \*\*\*550.00 CHAMPION LOCATOR SERVICES INC. Principal Place of Business Mailing Address 2238 SE 3RD AVENUE 2238 SE 3RD AVENUE **OCALA FL 34471 OCALA FL 34471** 2. Principal Place of Business 3. Mailing Address 108 N. Magnolia 108 N. Magnolia Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number 名0~0704140 City & State Applied For City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Marion arion 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Steve Seumour SEYMORE, JOHN (STEVE) 2238 SE 3RD AVENUE OCALA FL 34471 Box Number is Not Acceptable) cala 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition John Steve Stymour NAME SEYMORE, JOHN (STEVE) NAME 1542 NE 21st Street STREET ADDRESS 2238 SE 3RD AVENUE STREET ADDRESS OCALA FL 34471 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED