

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

03-14-2005 90085 030 ***150.00

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07112005 Chg-P CR2E034 (10/03)

4. FEI Number **33-1086272** 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

DICKENSON, BLAINE C
712 U.S. HIGHWAY ONE
STE 400
NORTH PALM BEACH, FL 33408

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PRESIDENT/SECRETARY**
STREET ADDRESS **CARL A. VASILE**
CITY-ST-ZIP **808 FLAMINGO DR**
WPB, FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V.PRES / TREASURER**
STREET ADDRESS **STEPHEN F BARDY**
CITY-ST-ZIP **808 FLAMINGO DRIVE**
WPB, FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Stephen Bardy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/05

Date

561 627-2226 (store)
561 758 9841 (cell)

Daytime Phone #

ATTACHMENT

06024512

July 11, 2005

Ms. Glenda E. Hood
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Hood:

On or about March 5th, I mailed the annual report form for my business, Arthur Franklin Corporation and included the \$150 fee. The form was received in your office on March 14, 2005.

Apparently, on March 22, 2005 the form was rejected because I did not include the FEI# on the form. However, I never received notification of the rejected form. I believed everything to be fine when the check for the annual report fee cleared my business account.

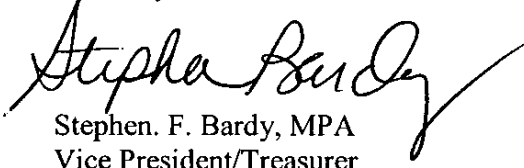
I am enclosing a revised annual report form that includes my FEI number. My original payment was received in a rather timely manner. I do not feel I should be charged the \$400 late fee and, therefore, have not included it.

As a small business owner, I would appreciate your offices support in waiving a late fee that should not have been applied. A simple phone call from your department would have allowed me to give the FEI# over the phone. Since my daytime number is listed on the bottom of the form, it would have been an easier resolution.

Please contact me if there are any of questions or concerns. If I do not hear from you, I will assume that the form is correct and no further monies are expected. I can be reached at 561-627-2226 or 561-758-9841 or by email at Stephen.bardy@chsfl.org.

Thank you for your time.

Sincerely,


Stephen. F. Bardy, MPA
Vice President/Treasurer

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