## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000053203

Entity Name: 5421 SOUTH FLORIDA, INC.

FILED Aug 12, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1045 EAST STATE RD. 540A 745 WHISPER WOODS DR LAKELAND, FL 33813 LAKELAND, FL 33813

**Current Mailing Address: New Mailing Address:** 

1045 EAST STATE RD. 540A 745 WHISPER WOODS DR LAKELAND, FL 33813 LAKELAND, FL 33813

FEI Number: 55-0876089 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARTMAN, STEPHEN H ESQ. 925 SOUTH FLORIDA AVE. LAKELAND, FL 33803

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

KARR, JEFFREY C KARR, JEFFREY C Name: Name: 1045 EAST STATE RD. 540A Address: 745 WHISPER WOODS DR Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY C KARR 08/12/2005 D