

03/28/2005 12:07 8634284366

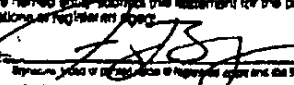
FL OWNERS DIRE

5.

FILED
Jun 23, 2005 8:00 am
Secretary of State

05-02-2005 90519 028 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000074805			
1. Entity Name FLORIDA OWNERS DIRECT, INC.			
Principal Place of Business 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881 US		Mailing Address 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881 US	
2. Principal Place of Business 220 SUNSET		3. Mailing Address P.O. BOX 82	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State DAVENPORT, FL		City & State LOUGHMAN, FL	
Zip 33958		Country US	
4. FSI Number 201711645		Accepted For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOVONI, HARDING & ASSOCIATES, INC. 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent Name JORGE BARRAGAN Street Address (P.O. Box Number is Not Acceptable) 220 SUNSET COURT City DAVENPORT, FL Zip Code 33837	
8. The above named individual accepts 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 the registered agent.			
SIGNATURE: 		DATE: 4/25/05	
FILE NUMBER: FILE NO 0100.00 After May 1, 2005 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contributor: ☐ \$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-IP	☐ Delete D GILBERT, ELIZABETH THE OLD BAKERY GOLDEN SQUARE PETERWORTH, SUSSEX, UK GU28 0DP	TITLE NAME STREET ADDRESS CITY-ST-IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-IP	☐ Delete D JORGE BARRAGAN 220 SUNSET COURT DAVENPORT, FL 33837	TITLE NAME STREET ADDRESS CITY-ST-IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-IP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(a), 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 (jointly) 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 file information.			
SIGNATURE: 		DATE: 4/25/05	

66023699

