

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90426 017 ***150.00

40074383



03032005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1111575** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent
Name **Philip F. Keidaish, Jr.,**
Street Address (P.O. Box Number is Not Acceptable)
320 W. Sabal Palm Place
Suite 300
City **Longwood** FL Zip Code **32779**

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 *Philip F. Keidaish, Jr.* **Philip F. Keidaish, Jr.** DATE

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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELLO RUSSO, ROBERT G			NAME			
STREET ADDRESS	320 W. SABLE PALM PLACE SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD, FL 32779			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOCUMENT # P04000075145
1. Entity Name
11100 EAST COLONIAL, INC.

Principal Place of Business
320 W. SABLE PALM DRIVE
SUITE 300
LONGWOOD, FL 32779
Mailing Address
320 W. SABLE PALM DRIVE
SUITE 300
LONGWOOD, FL 32779

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

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 *Philip F. Keidaish, Jr.* **Philip F. Keidaish, Jr.** DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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