

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90188 004 \*\*\*150.00

14004401



04182005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1210848 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

## 7. Name and Address of New Registered Agent

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CARRION, JAIME S  
STREET ADDRESS 3665 BEE RIDGE ROAD SUITE 310  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE DP ☐ Delete  
NAME MORRIS, ROBERT A JR  
STREET ADDRESS 1840 PHILLIPPI SHORES DRIVE  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ST ☒ Delete  
NAME MCSWEENEY, ANINA C  
STREET ADDRESS 3665 BEE RIDGE ROAD SUITE 310  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Change ☒ Addition  
NAME MORRIS, ROBERT A III  
STREET ADDRESS 1840 PHILLIPPI SHORES DR  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ST ☐ Change ☒ Addition  
NAME THOMAS, DORA MARIA C  
STREET ADDRESS 3665 BEE RIDGE RD  
CITY-ST-ZIP SARASOTA, FL 34231

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

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

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

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: Robert A. Morris, Jr ROBERT A. MORRIS, JR 04/25/05 941-923-6353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES Date Daytime Phone #