

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2005 90188 002 \*\*\*150.00

14004499



04182005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1210769 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 S ORANGE AVE  
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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	CARRION, JAIME S	
STREET ADDRESS	3665 BEE RIDGE RD STE 310	
CITY - ST - ZIP	SARASOTA, FL 34231	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MORRIS, ROBERT A JR.	
STREET ADDRESS	1840 PHILLIPPI SHORES DR	
CITY - ST - ZIP	SARASOTA, FL 34231	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCSWEENEY, ANINA C	
STREET ADDRESS	3665 BEE RIDGE RD STE 310	
CITY - ST - ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, ROBERT A III	
STREET ADDRESS	1840 PHILLIPPI SHORES DR	
CITY - ST - ZIP	SARASOTA, FL 34231	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, DORA MARIA C	
STREET ADDRESS	3665 BEE RIDGE RD	
CITY - ST - ZIP	SARASOTA, FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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. PRES Date: 04/25/05 Daytime Phone #: 941-923-6353