

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90047 004 \*\*\*150.00

**50030547**



02262005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000096020</b> 1. Entity Name <b>STURGESS INC</b>																													
Principal Place of Business <b>112 NORTH BUENA VISTA AVENUE ORLANDO, FL 32835</b>			Mailing Address <b>112 NORTH BUENA VISTA AVENUE ORLANDO, FL 32835</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-1281099</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">Applied For Not Applicable</div>																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>CROWNOVER, TAMARA 112 NORTH BUENA VISTA AVENUE ORLANDO, FL 32835</b>			7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border: 1px solid black; padding: 2px;">City</div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="display: inline-block;">FL</div> <div style="display: inline-block; margin-left: 10px;">Zip Code</div> </div>																										
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 85%; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;"> <b>P</b>  <b>STURGESS, RANDOLPH</b>  <b>112 NORTH BUENA VISTA AVENUE</b>  <b>ORLANDO, FL 32835</b> </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 2px;"> <b>ST</b>  <b>CROWNOVER, TAMARA</b>  <b>112 NORTH BUENA VISTA AVENUE</b>  <b>ORLANDO, FL 32835</b> </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> <b>P</b>  <b>STURGESS, RANDOLPH</b>  <b>112 NORTH BUENA VISTA AVENUE</b>  <b>ORLANDO, FL 32835</b> </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> <b>ST</b>  <b>CROWNOVER, TAMARA</b>  <b>112 NORTH BUENA VISTA AVENUE</b>  <b>ORLANDO, FL 32835</b> </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>									11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 85%; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> </div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>										
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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.																													
<b>SIGNATURE:</b> <u>Randolph Sturgess Randolph Sturgess</u> <u>3-20-05</u> <u>407-522-1560</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													