

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90498 003 ***150.00

20053848



04292005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1401468** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONNELL, FRANKLIN J
380 MAPLE PL
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) **2459 CHENEY Highway #89**
City **TITUSVILLE** FL Zip Code **32780**

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 resigning) 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 | P | <input type="checkbox"/> Delete |
| NAME | CONNELL, FRANKLIN J | |
| STREET ADDRESS | 380 MAPLE PL | |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | EDWARDS, ERICA D | |
| STREET ADDRESS | PO BOX 187 | |
| CITY-ST-ZIP | CHRISTMAS, FL 32709 | |
| TITLE | SEC | <input checked="" type="checkbox"/> Delete |
| NAME | CONNELL, FRANKLIN J | |
| STREET ADDRESS | 380 MAPLE PL | |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 | |
| TITLE | TRES | <input checked="" type="checkbox"/> Delete |
| NAME | EDWARDS, ERICA D | |
| STREET ADDRESS | PO BOX 187 | |
| CITY-ST-ZIP | CHRISTMAS, FL 32709 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2459 CHENEY Hwy | |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 | |
| 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: *Franklin J. Connell* **4-29-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #