

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90036 006 \*\*\*150.00

40011845



01122005 Chg-P CR2E034 (10/03)

4. FEI Number  
20-1553641

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FARNER, ROBERT E  
1507 BUENOS AIRES BLVD  
THE VILLAGES, FL 32159

## 7. Name and Address of New Registered Agent

Name Robert E. Farner

Street Address (P.O. Box Number is Not Acceptable)

4450 N.E. 83rd Road

City WILLOWDALE, FLORIDA

FL

Zip Code 34785

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 Robert E. Farner  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

DATE 1-31-05

**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 FARNER, ROBERT E  
STREET ADDRESS 41515 SILVER DRIVE  
CITY-ST-ZIP UMATILLA FL 32784

TITLE D ☐ Delete  
NAME BARLEY, WILLIAM S  
STREET ADDRESS 2144 MAPLES LANE  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 561 DOWLING CIRCLE  
CITY-ST-ZIP LAKE, LAKE, FL 32159

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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: Gregory J. Pridgen (G.F. PRIDGEN)

1/25/05 (352) 753-3114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #