

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90118 041 ***150.00

DOCUMENT # P04000129973

1. Entity Name
SUTHERLAND TOWN CENTER, INC.



Principal Place of Business
**1026 FLORIDA AVE.
PALM HARBOR, FL 34683**

Mailing Address
**P.O. BOX 721
PALM HARBOR, FL 34682**

00029360



2. Principal Place of Business

3. Mailing Address

1026 FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152005

Chg-P

CR2E034 (10/03)

City & State

City & State

PALM HARBOR

4. FEI Number

20-1656659

Applied Fe

Not Applic

Zip

Country

Zip

Country

FL

34683

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'CONNELL, BRIAN
1641 FLORIDA AVE.
PALM HARBOR, FL 34683**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P O'CONNELL, BRIAN
1641 FLORIDA AVE.
PALM HARBOR, FL 34683** ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Ad

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1641 FLORIDA AVE.
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]