

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90057 007 \*\*\*150.00

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03302005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1971140** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

**MENDELSON, VICTOR H ESQ.**  
**825 BRICKELL BAY DR., STE. 1644**  
**MIAMI, FL 33131**

## 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** ☐ Delete  
NAME **IRWIN, THOMAS S**  
STREET ADDRESS **3000 TAFT ST.**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **DT** ☒ Change ☐ Addition  
NAME **IRWIN, THOMAS S**  
STREET ADDRESS **3000 TAFT ST**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **P** ☐ Change ☒ Addition  
NAME **RICKETTS, THOMAS L**  
STREET ADDRESS **2745 AVONDALE AVE**  
CITY-ST-ZIP **TOLEDO, OH 43607**

TITLE **V** ☐ Change ☒ Addition  
NAME **MOCK, AL**  
STREET ADDRESS **2745 AVONDALE AVE**  
CITY-ST-ZIP **TOLEDO, OH 43607**

TITLE **S** ☐ Change ☒ Addition  
NAME **VETTER JUDITH W**  
STREET ADDRESS **3000 TAFT STREET**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **AS** ☐ Change ☒ Addition  
NAME **LETENDRE ELIZABETH R.**  
STREET ADDRESS **3000 TAFT STREET**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **VC** ☐ Change ☒ Addition  
NAME **MENDELSON, VICTOR H.**  
STREET ADDRESS **3000 TAFT STREET**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas S Irwin*

Date

*3/30/05*

Daytime Phone #

*9547447560*