2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 10, 2005 8:00 am Secretary of State 08-10-2005 90016 002 ***150.00

DOCUMENT # P04000165 1. Entity Name SUSAN TOWESON, PA									
Principal Place of Business 530 Rodners 641!SECPSIESUV 641!SECPSIE				50060849					
2. Principal Place of Business 3. Mailing Address									
2. Principal Place of Business 530 Rudner D7. 3. Mailing Address Same				1 1 1 1 1 1 1 1 1 1	H 88411 84811 88111 88111	08/8/ N3/8 E/18/ 9/14 9/		(C) (F)	
Suite, Apt. #, etc. Suite, Apt. #, etc.				08042005	Chg-P	CR2E034 (10/03)		
Palm Harbor, FC				4. FEI Numb	er -02197	08		plied For Applicable	
Zip 34683 Pinellas	Žip	Country		5. Certificate	of Status Desired		75 Add		
6. Name and Address of Current	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
TOWESON, SUSAN 530 RADNOR DRIVE PALM HARBOR, FL 34683			Name Street Address (P.O. Box Number is Not Acceptable)						
		City			<u> </u>	FL	Code		
8. The above named entity submits this statement fo	the purpose of changing its	registered office	e or registere	ed agent, or bo	th, in the State of	Florida. I am famil	r with, a	and accept	
the obligations of registered agent.								}	
SIGNATURE	and title if applicable (NOTE	Registered Agent a	gnature required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$550,00 Due by September 7, 2005 9. Election Campaign Financing \$5.0 Trust Fund Contribution. Adde									
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO O	FFICERS AND DIR	TORS		
TITLE P NAME TOWESON, SUSAN	☐ Delete	TITLE NAME					C anç e	Addition	
STREET ADDRESS 530 RADNOR DRIVE PALM HARBOR, FL 34683								j	
TITLE	☐ Defete TITLE						J ange	Addition	
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CITY-ST- ZIP		CITY-ST-ZiP							
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STREET ADDRESS CITY-ST-ZiP		STREET ADDRES	ss						
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRES CITY-ST-ZIP	»						
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NAME STREET ADDRESS		NAME STREET ADDRES	ıs					- 1	
CITY-ST-ZIP		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 the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an influence of 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 Blo., 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: SQUATURE AND TYPED OFF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DAME OF SIGNING OFFICER OR DIRECTOR									

Motice of Intent to Disolve Doc. # POY DOOILOSGS5

PO 4000165685 - 8/2/05 50060849

I Never recieved only documentation on Susan Tourson PA, here is my 150.00 fee. Please do not dissolve.

Thank Yel.

(727) 452-1199 fax (727) 785-9351