

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90259 050 ***150.00

DOCUMENT # P04000173041

1. Entity Name
SANTA CRUZ AND CO., INC.



Principal Place of Business 2804 OSPREY COVE 203 KISSIMMEE, FL 34746 US	Mailing Address 2804 OSPREY COVE 203 KISSIMMEE, FL 34746 US
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20040702



2. Principal Place of Business 2901 SW 41st Street Suite, Apt. #, etc. # 3507 City & State OCALA, FL Zip 34474 Country U.S.	3. Mailing Address 2901 SW 41st Street Suite, Apt. #, etc. # 3507 City & State OCALA, FL Zip 34474 Country U.S.
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03242005 Chg-P CR2E034 (10/03)

4. FEI Number 20-2397785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**MCINTYRE; BRIDGE
2804 OSPREY COVE
203
KISSIMMEE, FL 34746**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2901 S.W. 41st Street #3507
City **OCALA** FL Zip Code **34474**

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 *Bridge McIntyre*
Signature, typed or printed name of registered agent and title if applicable

Apr 21, 05
DATE

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P MCINTYRE, BRIDGE 2804 OSPREY COVE, #203 KISSIMMEE, FL 34746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS 2901 S.W. 41st Street #3507 OCALA, FL 34474 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bridge McIntyre*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 05 *352-854/3420*
Date Daytime Phone #