

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90057 021 ***158.75

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01192006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0163180

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, PARKER, HARRISON, DIETZ
200 S. ORANGE AVE.
SARASOTA, FL 34236

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILES, ROGER W	
STREET ADDRESS	6751 PROFESSIONAL PKY WEST	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERNSTEIN, STAN	
STREET ADDRESS	60 CLIFFORD RD	
CITY-ST-ZIP	PLYMOUTH, MA 02360	
TITLE	D	<input type="checkbox"/> Delete
NAME	CINEY, ROBERT A	
STREET ADDRESS	101 SECOND ST SE #800	
CITY-ST-ZIP	CEDAR RAPIDS, IA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUNSELL, EVERETT W	
STREET ADDRESS	34 SEAWATCH DR #1177	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RHINES, PAUL	
STREET ADDRESS	113 3RD AVE SE #630	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52401	
TITLE	VST	<input type="checkbox"/> Delete
NAME	BARTENS, WILLIAM	
STREET ADDRESS	6751 PROFESSIONAL PKWY W	
CITY-ST-ZIP	SARASOTA, FL 34240	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMEY, ROBERT A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN BERLIN	
STREET ADDRESS	6751 PROFESSIONAL PKWY WEST	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL WINKLE	
STREET ADDRESS	6751 PROFESSIONAL PKWY WEST	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN F. TUNNEY	
STREET ADDRESS	1100 WILSON BLVD #3000	
CITY-ST-ZIP	ARLINGTON, VA 22209	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William Bartens WILLIAM BARTENS 941-342-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #