

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90052 014 \*\*\*150.00

40002574



01072005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0464168** Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ALIOTTA, REBEKAH S**  
**9019 60 AVENUE EAST**  
**BRADENTON, FL 34202**

## 7. Name and Address of New Registered Agent

Name **HARRIET LAUNIER**  
Street Address (P.O. Box Number is Not Acceptable)  
**4603 3RD AVE E**  
City **BRADENTON** FL Zip Code **34208**

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 *Harriet A. Launier* **Harriet A. Launier** **1-14-05**  
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     | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|----------------------|---------------------|---------------------|-------|------|----------------|-----------------|
| DPT   | ALIOTTA, ROBERT W JR | 9019 60 AVENUE EAST | BRADENTON, FL 34202 |       |      |                |                 |
| DVS   | LAUNIER, JOSEPH E    | 4603 3RD AVE E      | BRADENTON, FL 34208 |       |      |                |                 |
|       |                      |                     |                     |       |      |                |                 |
|       |                      |                     |                     |       |      |                |                 |
|       |                      |                     |                     |       |      |                |                 |
|       |                      |                     |                     |       |      |                |                 |
|       |                      |                     |                     |       |      |                |                 |

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: *Joseph Launier* **JOSEPH LAUNIER** **1-14-05** **941.744-9781**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #