## **2005 FOR PROFIT CORPORATION**

## Apr 27, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P94000012587 04-27-2005 90348 032 \*\*\*150.00 VCP - ALDERMAN PARK, INC. Principal Place of Business Mailing Address 20049119 3020 HARTLEY RD. 3020 HARTLEY RD. SUITE 300 SUITE 300 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3226130 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARRELL, MARK T Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY RD. SUITE 300 JACKSONVILLE, FL 32257 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Redictered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE DC Delete TITLE ☐ Change ☐ Addition ROOD, JOHN D NAME NAME 3020 HARTLEY RD. #300 STREET ADDRESS STREET ADDRESS CITY-ST-2IP JACKSONVILLE, FL 32257 CITY-ST-7IP ☐ Change ☐ Addition THILE Delete TITLE FRICK, STEPHEN A NAME NAME 3020 HARTLEY RD. #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP VTS Delete ☐ Change ☐ Addition MORGAN, WILL NAME NAME STREET ADDRESS 3020 HARTLEY RD. #300 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TIBLE FARRELL, MARK T NAME STREET ADDRESS 3020 HARTLEY RD., STE. 300 STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

signature and typed or printed name of signing officer or director  $Mark\ T.\ Faftell$ 

☐ Delete

Change

Addition

**FILED**