

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90182 008 \*\*\*150.00

**20048093**



04172005 Chg-P CR2E034 (10/03)

4. FEI Number  
**03-0343486**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PAHL, RICHARD C**  
**436 DATE PALM CT.**  
**ST. PETERSBURG, FL 33703**

**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

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**

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	PAHL, RICHARD	
STREET ADDRESS	436 DATE PALM COURT	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALSH, GREGORY J	
STREET ADDRESS	436 DATE PALM COURT	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASCH, FRANCES Z	
STREET ADDRESS	436 DATE PALM COURT	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUDREAU, CYNTHIA	
STREET ADDRESS	436 DATE PALM COURT	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>HETHERINGTON, MICHAEL</del>	
STREET ADDRESS	<del>436 DATE PALM COURT</del>	
CITY-ST-ZIP	<del>ST PETERSBURG, FL</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	FICHERVILLE, PIERRE	
STREET ADDRESS	436 DATE PALM COURT	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	

**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	
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	
STREET ADDRESS	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/05

727 526 0500