

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90115 044 ***158.75

P94000044345

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 20 PM 3:42

50054557



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0510827

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

CARE, SHERYL L
3180 ATWATER DRIVE
NORTH PORT, FL 34286

**DO NOT WRITE
IN THIS SPACE**

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 Sheryl L. Care Sheryl L. Care VP/SEC 6-29-05
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
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CARE, SHERYL L 3180 ATWATER DR NORTH POINT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEVENS, KEITH D 493 VICTORIA RD WOODSTOCK, GA 30189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, JAMES C 356 WINDSOR LN MAHTOMEDI, MN 55115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, PAMELA K 743 MERRICK LN PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Sheryl L. Care Sheryl L. Care 6/29/05 (941) 629-1390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #