

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000026747

1. Entity Name
56TH STREET ASSOCIATES, CORP.



Principal Place of Business

5035 E. BUSCH BLVD.
SUITE 2
TAMPA, FL 33617

Mailing Address

5035 E. BUSCH BLVD.
SUITE 2
TAMPA, FL 33617



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3303847

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEPHENS, KENNETH R
5035 E. BUSCH BLVD.
SUITE 2
TAMPA, FL 33617

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME STEPHENS, KENNETH R
STREET ADDRESS 5035 E. BUSCH BLVD., SUITE 2
CITY-ST-ZIP TAMPA, FL 336175310

TITLE V
NAME LAWN, MICHAEL A.
STREET ADDRESS 5035 E. BUSCH BLVD., SUITE 2
CITY-ST-ZIP TAMPA, FL 336175310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

UND000376215
08/11/05-800006-004 \$550.00

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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: *K.B. Stephens, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/05 813-988-7777
DATE Daytime Phone #