

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

05 JAN 12 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01072005 No Chg-P CR2E034 (10/03)

05

4. FEI Number  
59-3412256

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

THOMPSON, SUSAN S  
3520 THOMASVILLE ROAD  
4TH FLOOR  
TALLAHASSEE, FL 32308-3469

**DO NOT WRITE  
IN THIS SPACE**

6. 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	D
NAME	SMITH, KENNETH B
STREET ADDRESS	POST OFFICE BOX 321 N/A
CITY-ST-ZIP	LLOYD, FL 32337
TITLE	D
NAME	SMITH, W. CRIT
STREET ADDRESS	3520 THOMASVILLE ROAD, 4TH FLOOR
CITY-ST-ZIP	TALLAHASSEE, FL 323083469
TITLE	D
NAME	THOMPSON, SUSAN S
STREET ADDRESS	3520 THOMASVILLE ROAD, 4TH FLOOR
CITY-ST-ZIP	TALLAHASSEE, FL 323083469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600045623896  
01/31/05--01009--013 \*\*150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05

Date

850 893 4105

Daytime Phone #