

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078015

FILED  
Apr 15, 2005  
Secretary of State

Entity Name: BUDDY & DEANNA LONG, INC.

**Current Principal Place of Business:**

601 N MORGAN ST.  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

3521 BELL SHOALS RD.  
VALRICO, FL 33594

**New Mailing Address:**

FEI Number: 59-3342428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LONG, SHAWN  
3521 BELL SHOALS RD.  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LONG, D. C  
Address: 6822 OLD POLK CITY  
City-St-Zip: LAKELAND, FL 33809

Title: D (X) Delete  
Name: LONG, DEANNA  
Address: 6822 OLD POLK CITY  
City-St-Zip: LAKELAND, FL 33809

Title: VPD ( ) Delete  
Name: LONG, SHAWN  
Address: 36 CAMERLOT RIDGE DR  
City-St-Zip: BRANDON, FL 33511

Title: VPD ( ) Delete  
Name: LONG, SHANNON  
Address: 17008 HAWK CREST DRIVE  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LONG, D. C  
Address: 3521 BELL SHAOLS ROAD  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: LONG, SHAWN  
Address: 3521 BELL SHOALS ROAD  
City-St-Zip: VALRICO, FL 33594

Title: VPD (X) Change ( ) Addition  
Name: LONG, SHANNON  
Address: 3521 BELL SHOALS RAOD  
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN C. LONG

VPD

04/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date