

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

07-07-2005 90001 020 \*\*\*150.00  
P95000096356

FILED

05 JUL 20 PM 12:04

SECRETARY STATE  
TALLAHASSEE, FL

14018080



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3354214 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

MARTIN, E S JR  
200 LAKE MORTON DR  
LAKELAND, FL 33801

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 date 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           | P                  |
| NAME            | DWIGHT, WILLIAM E  |
| STREET ADDRESS  | 8115 US 98 NORTH   |
| CITY - ST - ZIP | LAKELAND, FL 33809 |
| TITLE           | ST                 |
| NAME            | DWIGHT, V. GAIL    |
| STREET ADDRESS  | 8115 US 98 NORTH   |
| CITY - ST - ZIP | LAKELAND, FL 33809 |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| 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: William E. Dwight WILLIAM E. DWIGHT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-05 863-858-6227  
Date Daytime Phone