


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000018769</b> 1. Entity Name <b>STEPHEN CAMMICK &amp; ASSOCIATES, INC.</b>	
---------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>22119 ELMIRA BLVD. PORT CHARLOTTE, FL 33952</b>	Mailing Address <b>22119 ELMIRA BLVD. PORT CHARLOTTE, FL 33952</b>
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3365693</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

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

**CAMMICK, STEPHEN P  
22119 ELMIRA BLVD.  
PORT CHARLOTTE, FL 33952**

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 \$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	P
NAME	CAMMICK, STEPHEN P
STREET ADDRESS	2219 ELMIRA BLVD.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

TITLE	S
NAME	GRAHAM, BERTHA M
STREET ADDRESS	621 TARPON WAY
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	VP
NAME	ONDERKO, NANCY J
STREET ADDRESS	7087 SW ENVIRONMENTAL LAB ST.
CITY-ST-ZIP	ARCADIA, FL 34266

TITLE	T
NAME	CAMMICK, CATHERINE M
STREET ADDRESS	2219 ELMIRA BLVD.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000294012  
04/08/05-80051-018 150.00

**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)(f), 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 title empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/05** **941 629-3555**  
Date Daytime Phone #