10/2

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)												
DOCUMENT # P96000049632  1. Entity Name								SF	FILED CRETARY OF ION OF CORP	STATE		
JOSEPH E. TOWNSEND, P.A.											<b>;</b>	Æ
Principal Place	of Busines	s	Mailin	ıg Address		L		05 (	AUG -8 AM	111.03		11-00
4130 NORTH NAPLES FL 3 US	34103		1150	1150 LIVINGSTON RD. NAPLES FL 34105 US					AUG-8 AF	9012S	00	r 150-
2. Principal Pla		iess	3. Mai	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.					st MOORE	CR2E03	4 (10/04	•)
City & State			·	City & State				4. FEI Numb	65-06550	35		Applied For Not Applicable
Zip	Zip Country		Zip				5. Certificate of Status Desired   \$8.75 Additional Fee Required					
Name and Address of Current Registered Agent     Name								7. Name and	d Address of Nev	v Registere	d Agent	
1115	/NSEND 50 LIVING LES FL :	JOSEPH E SSTON RD					dress (F	2.O_Box Numb	er is Not Accepta	ible)	-	_
	,					City					. Zin (	 Code
8. The above r	named entit	y submits this stater	ment for the purp	ose of changing its	registere		egistere	ed agent, or bo	oth, in the State of	Florida. Lar	┕╽╵	
the obligation	ons of regist	ered agent.										,
SIGNATURE	Signature, typed	or printed name of registere	ed agent and title if app	dicable (NOTI	E Registered	d Agent signature	e required	when reinstating)		DATE		<del></del> ,
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Prost Fund Contribution. Added to Fees												
Make Check	Payable to	Florida Departm	ent of State						, doi: dire	ona Badon.	u ´	ruded to rees
10.		OFFICER:	S AND DIRECTO	RS	11.			ADDITIONS	/CHANGES TO C	FFICERS AN	ID DIRECT	ORS IN 11
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STREET ADDRESS		NGSTON RD.				ET ADDRESS -ST-ZIP						
TITLE	TAI LEG I	2 34103		☐ Delete	TITLE	:	•				Chan	nge Addition
NAME STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-71P						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i i					☐ Chan	nge 🗍 Addition
12. I hereby ce indicated o of the corporation changed, co	ertify that the on this repor oration or th or on an atta	e information supplie t or suppliemental re le receiver pytruste lichment with an add	ed with this filing eport is true and e empowered to tress, with all oth	does not qualify for accurate and that n execute this report aer like empowered	r the exer ny signat as requir	nption stated ure shall hav red by Chapt	d in Sec ve the s ter 607,	ction 119.07(3) ame legal effe Florida Statut	(i), Florida Statute ct as if made und es; and that my na	es. I further c er oath; that ame appears	ertify that the l am an off in Block 1	ne information icer or director I0 or Block 11 if
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 supplied entail 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 on 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  SIGNATURE  SIGNATURE  Date  Description 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on this report of supplied with the information indicated on the information indica												
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August 5, 2005

Gary Blankenbaker Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Dear Mr. Blankenbaker:

Thank you for your later dated July 29<sup>th</sup> explaining I needed to submit a letter to explain my reasons for not filing my annual report on time.

I never received a notice from the State.

You can imagine my surprise when I got a post card in the mail saying my corporation was going to be dissolved.

I moved in Oct of 2003 and the 2004 must have been forwarded and the annual fee was paid.

However, the forwarding notice expired in 2005 and I never got the annual report.

I paid the \$400. which you should have by now. However, if my excuse is acceptable I would like to receive a refund. I have never been late in the past and would appreciate you help in this matter.

If you have any questions, you may call me at 239-659-4235.

Joseph E. Townsend