

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90268 005 ***150.00

20041160



03242005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3405339 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, WALTER
3855 BEARSS AVE.
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name *Sanders, Walter*

Street Address (P.O. Box Number is Not Acceptable)

16528 N. Dale Mabry Hwy

City *Tampa*

FL

Zip Code *33618*

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 *Walter Sanders*
Signature, typed or printed name of registered agent and title if applicable

Walter Sanders

(NOTE: Registered Agent signature required when reinstating)

3/24/05
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 ☐ Delete
NAME GEAREN, SHIRLEY A
STREET ADDRESS 3806 NORTH OAK DRIVE V-22
CITY-ST-ZIP TAMPA, FL 33611

TITLE D ☐ Delete
NAME GEAREN, THOMAS T
STREET ADDRESS 3806 NORTH OAK DRIVE V-22
CITY-ST-ZIP TAMPA, FL 33611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Shirley Gearen* *Shirley Gearen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05
Date

Daytime Phone #