2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jul 26, 2005 08:00 AM Secretary of State Jul 26, 2005 08:00 AM Secretary of State Mailing Address SARADICO, INC. Principios Pibes of Business Mailing Address SARADICA STATE 34:222 2. Findigibil Place of Business Salin, Apr 4, etc. Sulle, Ap	ANNUAL REPORT (AR)					FILED	
Principal Place of Business Mailing Address 1571 SUMANEE CT SARASOTA FL 34232 2. Principal Place of Susiness Sullis, Apil it, allo						Jul 26, 2005 08:00 AM	
### APP AF A SIREY 2. Principal Place of Susness 5. Mailing Applied 60 Susse, Applied	STADICO, INC.					Secretary of State	
2. Principal Flace of Susiness 3. Mailing Address Sulfe, Apr. 4, etc Sulfe, Apr. 4, etc Sulfe, Apr. 5, etc	Principal Plac	e of Business	Mailing Address				
2. Principal Place of Business 3. Mailing Address 5. Sulle, Apt. #, etc			1571 SUWANEE CT	•			
Sulfa, April 4, etc) Sulfa, April 4, etc) City & State Country Assume and Address of Current Registered Agent COHEN, STEVEN D 15152 SPRINGVIEW STREET TAMPA FL 33624 City Sevent Address (P.O. Box Number is Not Acceptable) The displaced of ingerier of agent. Signature of ingerier of agent. Signature of ingerier of agent agent. Signature of ingerier of agent age				2			
City & State Ci	2. Principal Place of Business		3. Mailing Address				
Zip Country Zp Country S. Cortificate of Status Desired Spark Applicable S	Suite, Apt. #, etc		Suite, Apt #, etc.			1st MOORE CR2E034 (10/04)	
S. Culti-Address of Current Registered Agent COHEN, STEVEN D 15152 SPRINGVIEW STREET TAMPA FL 33624 City City FL Zip Code 8. The above named exists submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. School Transport of Florida State of Florida State of Florida State of Florida State of Florida. School Transport of Florida Stat	City & State		City & State			EO 2440206	
COHEN, STEVEN D 15152 SPRINGVIEW STREET TAMPA FL 33624 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature FILE MOWIT! PEE IS \$150.00 Make Check Payable to Florida Department of State 70. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVST OHEN, DANA E 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVST OHEN, DANA E 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVST OHEN, DANA E 10. OFFICERS AND DIRECTORS IN 11 10. OFFICERS	Zip	Country	Zip	Cour	ntry		
COHEN, STEVEN D 15152 SPRINGVIEW STREET TAMPA FL 33624 City FL Zip Code 10. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE Is \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. FILE NOW!!! FEE Is \$150.00 9. Election Campaign Finencing S.5.00 May to roust from Commission		6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent	
15-152 SPRINGVIEW STREET TAMPA FL 33624 City FL Zip Code	001	IENI OTENENIE			Name		
8. The above named entity, submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Constitution Cons	15152 SPRINGVIEW STREET				Street Address (P.O. Box Number is Not Acceptable)	
SIGNATURE SIGNATURE ST ST ST ST ST ST ST	ſ				City	FL Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICER'S AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER'S AND DIRECTORS IN 11 FILE TOHEN, DIANA E STATE CHEN, DIANA			or the purpose of changing i	ts register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 Mark Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTERNAL PAYABLE TO CHEN, DIANA E JIRELADIRAS COHEN, DIANA E JIRELADIRAS JIRELADIRAS COHENA JIRELADIRAS COHEN, DIANA E JIRELADIRAS COHENA JIRELADIRAS COHENA JIRELADIRAS COHENA JIRELADIRAS COHENA JIRELADIRAS COHENA JIR	SIGNATURE Signature pried of cripted name of recristered admit and title if suplicable (NOTE Registered Adem) sociature reducted when reinstalling) DATE						
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 URL POST COHEN, DIANA E MANE COHEN, DIANA E STATE LANDINGS STATE SARASOTA FL 34232 LIV SE AV OTY-25/05-80003-011 SSO., 00 Addition MANE MANE STREET ADDRESS CITY STATE Delete INLL MANE STREET ADDRESS CITY STATE INLL MANE STREET							
Delete D	After	May 1, 2005 Fee Will Be \$550.0					
NAME UNST JUNE STATE SARASOTA FL 34232 THE NAME SARASOTA	10.	OFFICER'S ANI	DIRECTORS	11.			
SARASOTA FL 34232 ST SUWANEE CT SARASOTA FL 34232 OT 25/.05-80003-011 SS000	11111	PVST	Delete	Till	E	Change — Addition	
City St. //P ANALY STREET ADDRESS CITY ST. //P INTE NAME NAME NAME NAME NAME NAME NAME NAM	1					<u> </u>	
NAME STREET ADDRESS CITY ST 7P THE Delete THE Delete THE DELETE ADDRESS CITY ST 7P THE TADDRESS CITY ST 7P THE THE TADDRESS CITY ST 7P THE TADDRESS CITY ST 7P THE THE TADDRESS CITY ST 7P THE THE THE THE THE THE THE THE THE TH		1				07/26/05-80003-011 550.00	
STREET ADDRESS CITY-ST-ZPP THEE Delete ITILE Change Addition			☐ Delete			☐ Change ☐ Addition	
CHY-ST-ZP INLE Delete Delete DELET D							
NAME STRETT ADDRESS CITY ST-ZIP THE THE THE THE THE THE THE TH	i			1			
SIRET ADDRESS CITY-ST-ZIP THE THE THE THE THE THE THE TH	int		☐ Delete	TITL	l l	☐ Change ☐ Addition	
CITY-ST-ZIP INTE NAME SHEET ADDRESS CITY-ST-ZIP INTE NAME SHEET ADDRESS CITY-ST-ZIP INTE NAME SHEET ADDRESS CITY-ST-ZIP INTE Delete INTE NAME SHEET ADDRESS CITY-ST-ZIP INTE Delete INTE Delete INTE SAME SHEET ADDRESS CITY-ST-ZIP INTE Delete INTE SHEET ADDRESS CITY-ST-ZIP INTE	i				i i		
INTE NAME CHEFT ADDRESS CHY-SI-ZIF Delete Delete Delete DELE NAME STREET ADDRESS CHY-SI-ZIF Delete NAME STREET ADDRESS CHY-SI-ZIP Delete Delete Delete NAME STREET ADDRESS CHY-SI-ZIP Delete Delet	Į.				·		
NAME CIRET ADDRESS CITY ST-7IF Delete Delete Delete NAME STREET ADDRESS CITY ST-7IP Delete NAME STREET ADDRESS CITY ST-7IP Delete Dele		<u> </u>				Change Addition	
CITY ST 7IF CITY ST 7IF CITY ST 7IF CITY ST 7IP CITY			_ Boloto _	•			
INFE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 1. If hereby certify that the information supplied with this filling cloes not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information inclicated 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	!			1	į.		
NAME STREET ADDRESS CITY-ST-ZIP ITILE Delete ITILE NAME STREET ADDRESS GITY-ST-ZIP Delete ITILE NAME STREET ADDRESS GITY-ST-ZIP 12. If hereby certify that the information supplied with this filling cloes not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes, I further certify that the information inclicated 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	CITY-ST-7IF			CITY	(-SI-ZIF		
STREET ADDRESS CITY-ST-ZIP INTLE IN	i		☐ Delete			☐ Change ☐ Addition	
CITY-ST-ZIP CITY-							
NAME SIHELI ADDRESS GITY-ST ZIP 12. I hereby certify that the information supplied with this filling 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				•			
STRETADDRESS GITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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	TITLE		☐ Delete	uti	ŧ.	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing closs 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	NAME						
12. I hereby certify that the information supplied with this filling closs 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	¥						
indicated on this report or supplemental report is true and accurate and that my signature shall have the same regal effect as it made under oath, that I am an officer of 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			M. Main Ellings at a constant of the			nation 140 07/20/0 Florido Statutas I fustar audit. Statut de la factoria	
changed, or on an attachment with an address, with all other like empowered.	Indicated of the cor	i on this report of supplemental report rooration or the receiver or trustee em	is true and accurate and that powered to execute this repo	it my signa ort as requ	emption stated in Se iture shall have the ired by Chapter 60	same legal effect as if made under oath, that I am an officer or director, 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if	