

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90077 014 \*\*\*150.00

**DOCUMENT # P97000104590**

1. Entity Name

FOR PROF, INC.



Principal Place of Business

311 N. CLYDE MORRIS BLVD.  
STE. 480  
DAYTONA BEACH FL 32114

Mailing Address

311 N. CLYDE MORRIS BLVD.  
STE. 480  
DAYTONA BEACH FL 32114

00018387



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

614 N. Peninsula Drive  
Suite, Apt. #, etc.

3. Mailing Address

614 N. Peninsula Drive  
Suite, Apt. #, etc.

4. FEI Number

59-3501673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SELTZER, NORMAN B  
311 N. CLYDE MORRIS BLVD.  
STE. 480  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name  
Norman B Seltzer

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

614 N. Peninsula Drive

City  
Daytona Beach

FL

Zip Code

32118

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SELTZER, NORMAN B  
STREET ADDRESS 311 NORTH CLYDE MORRIS BOULEVARD  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE S  
NAME GAINES, RICHARD  
STREET ADDRESS 311 NORTH CLYDE MORRIS BOULEVARD  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Norman B Seltzer  
STREET ADDRESS 614 N. Peninsula Drive  
CITY-ST-ZIP Daytona Beach, FL 32118 ☒ Change ☐ Addition

TITLE S  
NAME Richard K GAINES  
STREET ADDRESS 614 N. Peninsula Drive  
CITY-ST-ZIP Daytona Beach, FL 32118 ☒ Change ☐ Addition

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

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

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

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

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:

N. Seltzer 17 Feb 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #