

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000001089

1. Entity Name
FINANCIAL TRENDS CORPORATION



FILED
Jan 13, 2005 08:00 AM
Secretary of State

Principal Place of Business
6000 PELICAN BAY BLVD. #1502C
NAPLES, FL 34108-8188

Mailing Address
6000 PELICAN BAY BLVD. #1502C
NAPLES, FL 34108-8188



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3485045

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOOD, CONSTANCE J
6000 PELICAN BAY BLVD. #1502C
NAPLES, FL 34108-8188

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IN THIS SPACE

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 NAME STREET ADDRESS CITY-ST-ZIP	D GOOD, CONSTANCE J 6000 PELICAN BAY BLVD. #1502C NAPLES, FL 341088188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOD, WILLIAM F 6000 PELICAN BAY BLVD. #1502C NAPLES, FL 341088188
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/05-80028-021 150.00

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #