

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90032 007 ***150.00

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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3499116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUMMERALL, JIMMIE L
1336 NW 34 ROAD
GAINESVILLE, FL 32605

**DO NOT WRITE
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 _____ (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	D
NAME	SUMMERALL, JIMMIE L
STREET ADDRESS	1336 NW 34 ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	VS
NAME	CHITTUM, VERONA
STREET ADDRESS	681 SW MAPLETON ST.
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	SECRETARY
NAME	RUNYON, DARLENE
STREET ADDRESS	3909 NW 17TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	TREASURER
NAME	RUNYON, DARLENE
STREET ADDRESS	3909 NW 17TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: J. Summerall Pres JIMMY SUMMERALL 2-705 376-7872 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #