2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90058 021 ****50.00
01-12-2005 90016 018 ***100.00

DOCUMENT # P98000037020

1. Entity Name
LEWIS AVENUE HOLDINGS, INC.

40018330

Principal Place of Business	Mailing Address
1121 LEWIS AVENUE SARASOTA, FL 34237	1121 LEWIS AVENUE SARASOTA, FL 34237

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0832576
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARZELL, WINSTON E
1921 WALDEMERE STREET
SUITE 310
SARASOTA, FL 34239

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	BARZELL, WINSTON E
STREET ADDRESS	1121 LEWIS AVENUE
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	VP
NAME	WHITMORE, WILLET III F MD
STREET ADDRESS	1121 LEWIS AVENUE
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: Willet Whitmore III 1/5/05 941-955-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Willet F. Whitmore III, MD