## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Secretary of State DOCUMENT # P98000053890 08-24-2005 90056 010 \*\*\*558.75 SALÉM TRUST COMPANY Principal Place of Business Mailing Address 4890 WEST KENNEDY BLVD 4890 WEST KENNEDY BLVD SUITE 160 SUITE 160 TAMPA, FL 33609 TAMPA, FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07132005 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 56-2075834 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent not required pursuant to F.S. Name Street Address (P.O. Box Number is Not Acceptable) 607.0501 (2) City Zip Code 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 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition RINSEM, BRADLEY K NAME NAME Kinsem, Bradley K, STREET ADDRESS 9565 TRITON COURT STREET ADDRESS 9565 Triton Court BOCA RATON, FL 33434 CITY-ST-ZIP CITY-ST-ZIP FL. 33434 VDS ☐ Delete ☐ Addition TITLE Chaney, Leta B. 3409 GOHY Ave. Circle STOLLER, LETA B NAME NAME STREET ADDRESS 4750 DOLPHIN CAY LANE S., #307 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33711 CITY-ST-ZIP Defete Addition TITLE TITLE Sulgat, Michael sw. 561 Accapilly EDWARDS, LESTER W JR. NAME NAME STREET ADDRESS 5001 BROOKHAVEN DR. STREET ADDRESS RALEIGH, NC 27612 CITY-ST-ZIP CITY-ST-ZIP Moaton, II 60187 Sarr Robert A. 5261 S. Running B TITLE Defete TITLE ■ Addition DARR ROBERT A NAME NAME STREET ADDRESS 3308 WEST KNIGHTS AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP Addition Delete TITLE TITLE Change SCHULTE, GARY R NAME NAME 4422 BRAPADA DRIVE STREET ADDRESS 6518 N. STREET ADDRESS DURHAM, NC 27705 CITY-ST-ZIP CITY-ST-ZIF Eghon. TITLE Delete TITLE Change Addition NAME Spurgeon, Kichard NAME STREET ADDRESS STREET ADDRESS 2230 Look CITY-ST-ZIP CITY-ST-ZIP Orange Park, FL 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

FILED

Aug 24, 2005 8:00 am

## LIST OF OFFICERS OF Salem Trust Company (Print Name of Financial Institution)

## FOR THE YEAR 2005

		ATTACHMENT 50063/9/									
SOCIAL SECURITY NUMBER				#	-ρη;	800	D53	3890			
ZIP	60525	33021	34695	90509	53213	60108			_		
STATE	11	FL	FL	IL	WI	IL					
CITY/TOWN	LaGrange	Hollywood	Safety Harbor	Aurora	Wauwatosa	Bloomingdale					
MAILING/RESIDENCE ADDRESS (STREET OR BOX #)	916 Arlington Avenue	815 N. 32 <sup>nd</sup> Court	255 2 <sup>nd</sup> Avenue N	2470 Tracy Lane	2456 86 <sup>th</sup> Street	369 Meadowlark Road					
TITLE	>	^	>	۸	۸	۸					
NAME OF OFFICER	Montesano, Danielle	Russo, Karen	Nystrom, Calvin	Berg, Richard	Kaun, Jay	Culhane, John					