

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90077 003 ***150.00

00011120



02242005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3537482** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAUMRUK, ANDREW J CPA
717 EAST OAK STREET
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name **Kieth Coleman**
Street Address (P.O. Box Number is Not Acceptable) **9021 Pecky Cypress Way**
City **Orlando** **FL** Zip Code **32836**

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

Kieth Coleman

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 **DPT** ☐ Delete
NAME **COLEMAN, KIETH**
STREET ADDRESS **515 MIRASOL CIRCLE, SUITE 106**
CITY-ST-ZIP **KISSIMMEE, FL 34747**

TITLE **DVPS** ☐ Delete
NAME **COLEMAN, DEBORAH**
STREET ADDRESS **515 MIRASOL CIRCLE, SUITE 106**
CITY-ST-ZIP **KISSIMMEE, FL 34747**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9021 Pecky Cypress Way**
CITY-ST-ZIP **Orlando, FL 32836**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9021 Pecky Cypress Way**
CITY-ST-ZIP **Orlando, FL-32836-**

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

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

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

Kieth Coleman **Kieth Coleman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

Date

Daytime Phone #