## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # P99000022008** 

NATIONAL REGISTRY OF FOOD SAFETY



## **FILED** Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90291 040 \*\*\*150.00

Principal Place of Business  5728 MAIOR BLVD SUITE 750 ORLANDO, FL 32819  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent  Name  COTTRILL, CHRIS 110 E HILL CREST ST ORLANDO, FL 32801  Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  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 acceptable of the obligations of registered agent.  SiGNATURE  Signature, typod or printed name of registered agent and title if applicable  (MOTE: Registered Agent signature included when recusaring)  PAIE  FILE NOWIII FEE IS \$150.00  P. Election Campaign Financing \$5.00 May Be
ORLANDO, FL 32819  ORLANDO, FL 32819  ORLANDO, FL 32819  3. Mailing Address  Suite. Apt. #, etc.  Outling Address  Suite. Apt. #, etc.  Outling Address  City & State  City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent  COTTRILL, CHRIS 110 E HILLCREST ST  ORLANDO, FL 32801  City  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  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 acceptable agent.  Signature, typed or primed name of registered agent.  Outlier Registered Agent signature required when reinstating)  Outlier Comparison Finencing.
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  Fee Required  6. Name and Address of Current Registered Agent  Name  COTTRILL, CHRIS 110 E HILLCREST ST  ORLANDO, FL 32801  Street Address (P.O. Box Number is Not Acceptable)  City  FL  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 acceptable or registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and the if applicable  (NOTE: Registered Agent signature required when reinstating)  DATE
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4122005 Chg-P CR2E034 (10/03)  City & State  Country  Country  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  Fee Required  COTTRILL, CHRIS 110 E HILLCREST ST  ORLANDO, FL 32801  City  FL  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, typod or printing name of registered agent and title if applicable.  (NOTE: Registered Agent Signature required when reinstating)  DATE
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FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THE HY VICE Chairman Delete THE AM BOARD MEMBER Totage & Addition
NAME COX, DAVID B  STREET ADDRESS 1200 EAST HILLCREST ST; SUITE 300  NAME Ommons, Rosemary STREET ADDRESS 5728 major B) J, Suite 750
STREET ADDRESS 1200 EAST HILLCREST ST; SUITE 300 STREET ADDRESS 5728 major 300, Swill 130 city-St-zip Orlands & 32819
THE AT Chairman   Thelete TILE as Board member   Change & Addition
NAME LINGARD, CHRIS NAME Bailey, Michael
STREET ADDRESS 5728 MAJOR BLVD; SUITE 750  STREET ADDRESS 5728 MAJOR BLVD; SUITE 750  STREET ADDRESS 5728 MAJOR BLVD; SUITE 750  CITY-ST-ZIP ORLANDO, FL 32819
TITLE M BOARD MEMBER TITLE A BOARD MEMBER Change BAdditt
LIAVEDCONIANCE
STREET ADDRESS 5728 MAJOR BLVD; SUITE 750 STREET ADDRESS 5728 MAJOR BLVD; SUITE 750
UNIT-SI-UP ORLANDO, FL (32803) 32814 OFT CARDO, N. 32814
TITLE A BOARD Member Delete Delete NAME MCSWANE, DAVID  STREET ADDRESS 5728 MAJOR BLVD; SUITE 750  TITLE BOARD MEMBER DAVID Change Daddition of Delete STREET ADDRESS 5728 MAJOR BLVD; SUITE 750
STREET ADDRESS 5728 MAJOR BLVD; SUITE 750 STREET ADDRESS 5728 MAJOR BLVD; SLITE 750
CITY-ST-ZIP ORLANDO, FL (32803) 32819   CITY-ST-ZIP Orlando, R 32819
TITLE MICH VICE Chairman   Delete TITLE   President   Change   Addition   Delete   Delete   Lynch, Lawrence J.
STREET ADDRESS 5728 MAJOR BLVD: SUITE 750  STREET ADDRESS 5728 MAJOR BLVD: SUITE 750
CITY-ST-ZIP ORLANDO, FL (32803) 32819 CITY-ST-ZIP OCLANDO, FL 32819
TITLE M. Board Member Detete TITLE Change Addition

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 trustae-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. changed, or on an attachment with an

SIGNATURE: