

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90002 041 ***150.00

DOCUMENT # P99000067228

1. Entity Name
SONIC - FREELAND, INC.



Principal Place of Business
**14020 S. TAMiami TRL
FORT MYERS, FL 33912**

Mailing Address
**13880 S. TAMiami TRL
FORT MYERS, FL 33912**

50003410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0938812

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

Name

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 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 \$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 NAME	P SMITH, B. SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS	5401 E. INDEPENDENCE BLVD	
CITY-STATE-ZIP	CHARLOTTE, NC 28212	
TITLE NAME	VT WRIGHT, THEODORE M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5401 E. INDEPENDENCE BLVD	
CITY-STATE-ZIP	CHARLOTTE, NC 28212	
TITLE NAME	AS PLUMMER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	5901 AVELON VALLEY, #938	
CITY-STATE-ZIP	CHARLOTTE, NC 28277	
TITLE NAME	S COSS, STEPHEN K	<input type="checkbox"/> Delete
STREET ADDRESS	6415 IDLEWILD RD	
CITY-STATE-ZIP	CHARLOTTE, NC 28212	
TITLE NAME	AS LIPARI, LOU	<input type="checkbox"/> Delete
STREET ADDRESS	10418 SPRINGROSE DR.	
CITY-STATE-ZIP	TAMPA, FL 33626	
TITLE NAME	VP IPPENLATZ, MARK J	<input type="checkbox"/> Delete
STREET ADDRESS	2911 HIGH RIDGE RD	
CITY-STATE-ZIP	CHARLOTTE, NC 28270	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	VP-T Wyatt, Jr., E. Lee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10512 Lady Grace Lane	
CITY-STATE-ZIP	Charlotte, NC 28270	
TITLE NAME	AS Mullins, Michael E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3905 Vasconia Street	
CITY-STATE-ZIP	Tampa, FL 33629	
TITLE NAME	AS/ST O'Connor, Joseph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7200 Graybeard Ct.	
CITY-STATE-ZIP	Charlotte, NC 28226	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05 (27) 243-2458
Date Daytime Phone #