

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90209 047 ***150.00

40024873



02212005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0231717** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOSEPH TISEO
20101 PEACHLAND BLVD. - SUITE #301
PORT CHARLOTTE, FL 33954

7. Name and Address of New Registered Agent

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	TISEO, ALEX	
STREET ADDRESS	20101 PEACHLAND BLVD. #201	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TISEO, JOSEPH	
STREET ADDRESS	20101 PEACHLAND BLVD #201	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE	S	<input type="checkbox"/> Delete
NAME	TISEO, JOSEPH	
STREET ADDRESS	20101 PEACHLAND BLVD. #201	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE	T	<input type="checkbox"/> Delete
NAME	TISEO, JOSEPH	
STREET ADDRESS	20101 PEACHLAND BLVD. #201	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20101 PEACHLAND BLVD #301	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20101 PEACHLAND BLVD #301	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20101 PEACHLAND BLVD #301	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20101 PEACHLAND BLVD #301	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph Tiseo 2/21/05 941-627-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #