

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90396 039 ***150.00

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03242005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0245374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIDDLEBROOKS, J. HUGH
200 SOUTH ORANGE AVE
SARASOTA, FL 34236

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

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 PTD ☐ Delete
NAME KELLERMAN, ANTHONY L
STREET ADDRESS 215 INTERSTATE BLVD.
CITY-ST-ZIP SARASOTA, FL 34240

TITLE V ☒ Delete
NAME KELLERMAN, PAMELA J
STREET ADDRESS 215 INTERSTATE BLVD
CITY-ST-ZIP SARASOTA, FL 34240

TITLE V ☐ Delete
NAME DAVIS, STEWART H
STREET ADDRESS 215 INTERSTATE BLVD
CITY-ST-ZIP SARASOTA, FL 34240

TITLE S ☐ Delete
NAME TYRRELL, DARLENE G
STREET ADDRESS 215 INTERSTATE BLVD
CITY-ST-ZIP SARASOTA, FL 34240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Exec. VP/D ☒ Change ☐ Addition
NAME Kellerman, Anthony L.
STREET ADDRESS 215 Interstate Blvd.
CITY-ST-ZIP Sarasota, FL 34240

TITLE VP/CFO ☐ Change ☒ Addition
NAME Davis, Marsha L.
STREET ADDRESS 215 Interstate Blvd.
CITY-ST-ZIP Sarasota, FL 34240

TITLE P/CEO ☒ Change ☐ Addition
NAME Davis, Stewart H.
STREET ADDRESS 215 Interstate Blvd.
CITY-ST-ZIP Sarasota, FL 34240

TITLE S/T ☒ Change ☐ Addition
NAME Tyrrell, Darlene G.
STREET ADDRESS 215 Interstate Blvd.
CITY-ST-ZIP Sarasota, FL 34240

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

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:

Marsha L. Davis

Marsha L. Davis 4/28/05

(941) 379-6550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #