

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90071 008 \*\*\*150.00

20013743



02072005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3100109** Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

## 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	DP	<input type="checkbox"/> Delete
NAME	REGAN, TOM	
STREET ADDRESS	1101 SKOKIE BLVD STE 410	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MULLIS, HAROLD W., JR.	
STREET ADDRESS	101 E. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TOWNSEND, CHARLES D	
STREET ADDRESS	1607 W. OLIVE STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	DEA	<input type="checkbox"/> Delete
NAME	SCHIMMING, BILL	
STREET ADDRESS	1101 SKOKIE BLVD STE 410	
CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	GM	<input type="checkbox"/> Delete
NAME	BELLAR, JIM	
STREET ADDRESS	1607 W. OLIVE ST	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HAMPTON, JOHN L.M.	
STREET ADDRESS	500, 122 FIRST AVENUE SOUTH	
CITY-ST-ZIP	SASKATOON, SASKATCHEWAN, S7K 7G3	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	Podwika Joseph
CITY-ST-ZIP	1101 SKOKIE BLVD., #400 Northbrook, IL 60062

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 A. Podwika Secretary 2/8/05 (847) 849-4270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #