

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90037 013 ***158.75

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01062006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0313743** 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
Name **ARTHUR P. THOMPSON**
Street Address (P.O. Box Number is Not Acceptable) **1540 BAY POINT DRIVE**
City **SARASOTA** FL Zip Code **34236**

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: *Arthur P. Thompson* **01-16-06**
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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE CD ☐ Delete
NAME STEVENS, PAUL S
STREET ADDRESS % 2051 MAIN STREET, SUITE 102
CITY-ST-ZIP SARASOTA, FL 34237

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☒ Change ☐ Addition
NAME V, D
STREET ADDRESS 40 144 FORE ST
CITY-ST-ZIP PORTLAND, ME 04101

TITLE D ☐ Delete
NAME KOWALSKI, RICHARD A
STREET ADDRESS % 2051 MAIN ST SUITE 102
CITY-ST-ZIP SARASOTA, FL 34237

TITLE D ☐ Delete
NAME JUD, DENNIS V
STREET ADDRESS C/O 2057 MAIN ST SUITE 102
CITY-ST-ZIP SARASOTA, FL 34237

TITLE D ☐ Delete
NAME THOMPSON, ARTHUR P
STREET ADDRESS % 2051 MAIN STREET, SUITE 102
CITY-ST-ZIP SARASOTA, FL 34237

TITLE D ☐ Delete
NAME CUNNINGHAM, MICHAEL A
STREET ADDRESS % 2051 MAIN STREET, SUITE 102
CITY-ST-ZIP SARASOTA, FL 34237

TITLE D ☐ Delete
NAME BELKNAP, ELLEN L
STREET ADDRESS % 2051 MAIN STREET, SUITE 102
CITY-ST-ZIP SARASOTA, FL 34237

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Arthur P. Thompson* **01-16-06** **207-772-3846**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #