

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90183 039 ***150.00

14000012



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3152319	Applied For Not Applicable
-----------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WINTERS, THOMAS F
1405 S ORANGE AVE
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

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 STREET ADDRESS CITY-ST-ZIP	SDT BROOM, MICHAEL 1405 S ORANGE AVE, #601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, RAYMOND 1405 S ORANGE AVE, STE #601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, J. DEAN 1405 S ORANGE AVE, STE #601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKSOD, WADH S. 1405 S ORANGE AVE, STE #601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINTERS, THOMAS F 1405 S ORANGE AVE, STE 601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4-21-05

Date

407-649-1097

Daytime Phone #