## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE: Y

## FILED Feb 28, 2005 08:00 AM Secretary of State

(721)-446-3392

2-25-05

Date

1. Entity Nan	MENT # 352640				Secreta	ry of State
Principal Place of Business Mailing Address 1963 MAGNOLIA DR CLEARWATER, FL 33764-4791 US CLEARWATER, FL 33764-4			1 US			
	O NOT WRITE I	N THIS SPA		01212005 4. FEI Number 59-1285	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
CLEARW	SNOLIA DR	itered Agent			NOT WE HIS SP	
the obligation of the state of	e hamed entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and title  E NOW!!! FEE IS \$150.00  ay 1, 2005 Fee will be \$550.00	-	d Agent signature required	<u> </u>	, in the State of Florid	da. I am familiar with, and accept
10. ITILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD WALCZAK, RITA 1963 MAGNOLIA DR. CLEARWATER, FL	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· ·	Nada sa sa sa sa a a a a a a a a a a a a	(# <b>####</b> (22/747/55-1	7357 P-6 2 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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NAME STREET ADDRESS						

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.

Kita Walczak RITA WALCZAK
SIGNATURE AND TYPED OR PANTED NAME OF SIGNING OFFICER OR DIRECTOR