2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# F13886

Entity Name: DAVIES, HOUSER & SECREST, CPA, P.A.

Current Principal Place of Business:

535 DELANNOY AVENUE
P O BOX 129
COCOA, FL 32923

New Principal Place of Business:

Current Mailing Address:

535 DELANNOY AVENUE
P O BOX 129
COCOA, FL 32923 US

New Mailing Address:

FEI Number: 59-2046542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SECREST, WALTER E
535 DELANNOY AVENUE
COCOA, FL 32922 US

Name and Address of New Registered Agent:

CHRISTENSEN, EDWARD R MR
535 DELANNOY AVENUE
COCOA, FL 32922 US

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.

SIGNATURE: EDWARD R. CHRISTENSEN 01/05/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: SECREST, WALTER E
Address: 515 SUNSET LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DP ( ) Delete
Name: HOUSER, STEPHEN C
Address: 950 MAEMIR WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: DV ( ) Delete
Name: CHRISTENSEN, EDWARD R
Address: 1555 EDDY ST.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DV (X) Delete
Name: ELLIS, STEPHEN A
Address: 1524 WALL DR.
City-St-Zip: TITUSVILLE, FL

Title: DS (X) Delete
Name: FEARON, DAWN K
Address: 6310 ANCHOR LANE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CHRISTENSEN, EDWARD R
Address: 548 SAWGRASS CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: DT (X) Change ( ) Addition
Name: ELLIS, STEPHEN A
Address: 1524 PALMER DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: DS (X) Change ( ) Addition
Name: FEARON, DAWN K
Address: 6310 ANCHOR LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD R CHRISTENSEN P 01/05/2005
Electronic Signature of Signing Officer or Director Date