2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # F46660 RVESTING, INC.	 			Secretary of State	
Principal Place 890 SPRATT PO BOX 134 LABELLE, FL	-	Mailing Address 890 SPRATT BLVD. PO BOX 1347 LABELLE, FL 33935				
	OO NOT WRITE		CE	03242005 4. FEI Numb 59-212	No Chg-P CR2E034 (10/03) per Applied For	
6. Name and Address of Current Registered Agent MARSH, LARRY 1240 MICCOSUKEE TR. LABELLE, FL 33935				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 types or profiled name of registered agent and little if applicable (PIOTE Registered Agent signs are required when renatating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution						
ITLE NAME STREET ADDRESS CITY ST ZIP TITLE AAME STREET ADDRESS GITY ST ZIP	P MARSH, LARRY 1240 MICCOSUKEE TR. LABELLE, FL 33935	RECTORS			U00000287927 04/04/05-80089-004 150.00	
NAME STRLET ADDRESS CITY-ST ZIP					NOT WRITE	
NAME STREEF ADDRESS GITY ST-ZIP HTLL NAME				IN	THIS SPACE	
STREEL ADDRESS CITY ST ZIP HITLE MAME STREEL ADDRESS CITY ST ZIP						
12. I hereby certify that the information supplied with this filling 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: 3 30/05 363675 4585						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone I						