2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2005 8:00 am Secretary of State

DOCUI 1. Entity Nam GEORGE				01-10-2005 90022 048 ***150.00							
Principal Place of Business 55 PARADISE LN BAY SHORE, NY 11706 Mailing Address 55 PARADISE LN BAY SHORE, NY 11706											
2. Principal P	lace of Busir	ness	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				01032005	Chg-P	CR2EC	34 (10/03)	
City & State			City & State				4. FEI Number 22-347				plied For t Applicable
Zip		Country	Zip Cou		ntry			of Status Desire	ed 🔲	\$8.75 Add	litional
		Name		7. Name and	Address of Ne						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)						
PLANTATI											
					City		•		FL	Zip Code	Đ
	named entit		the purpose of changing its	register	ed office or r	registere	ed agent, or bo	th, in the State o	of Florida. I am	familiar with,	and accept
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 \$5.00 May Be Added to Fees										À. ''	
10. OFFICERS AND DIRECTORS					E		ADDITIONS	CHANGES TO	OFFICERS AND		
TITLE NAME	DP Delete PRINCE, GARY						Change Additi				Addition
STREET ADDRESS CITY-ST-ZIP	1										l
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Delete PETERSEN, WILLIAM 55 PARADISE LN BAY SHORE, NY 11706				E IE EET ADORESS '- ST- ZIP	,,,	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete				E NE EET ADDRESS '-ST-ZIP				· .	Change_	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Delete LACCHIN, LOUISE 55 PARADISE LN BAY SHORE, NY 11706				E ME EET ADDRESS 7-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	55 PARA	STEWART DISE LN DRE, NY, 11706	△ Delete			Direct Richard SS S S S S S S S S S S S S S S S S S	1 17		<u> </u>	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	LEE, RIC 2821 EMI RICHMO	ERYWOOD PARKWAY ND, VA 23294	☐ Delete	NAM STRI CITY	EET ADORESS /-ST-ZIP	a A				Change	Addition
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 Date Dayline Phone 4											