2005 FOR PROFIT CORPORATION

	ANNUAL	REPORT (AI	R)		FILED
DOCUMENT # J41809 1. Entity Name					Apr 23, 2005 08:00 AM
ROBERT E. LESNIAK, INC.					Secretary of State
Principal Plac	ce of Business	. Mailing Address			
533 BECKRICH RD. PANAMA CITY FL 32407 US		533 BECKRICH RD. PANAMA CITY FL 32407 US		. <u>-</u>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.		·	1st MOORE CR2E034 (10/04)
City & State		City & State			4. FEI Number NO-T APPLICABLE Applied For Not Applied:
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
Name and Address of Current Registered Agent				lame	7. Name and Address of New Registered Agent
533	SNIAK, ROBERT E. BECKRICH RD. NAMA CITY BEACH FL 32	407	S	treet Address (F	P.O. Box Number is Not Acceptable)
			0	lity	FL Zip Code
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing i	its registered o	ffice or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NC	OTE Registered Age	nt signature required	when reinstating) DATE
After	TLE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550. k Payable to Florida Department		·	· · · · · · ·	9. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution. Added to Fees
10.		ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD LESNIAK, ROBERT E. 533 BECKRICH RD. PANAMA CITY BEACH FL	☐ Delete	TITLE NAME STREET AD CHIY-ST-2	I	☐ Change ☐ Addissort
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET AD		U4/23/U5-80030-006 150.00 ☐ Change ☐ Addiiii
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CITY-ST-ZIP	partiful that the Information and the design	Mark to Allina along the control of the	CHY-SI-ZI	P I 2	

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 colorporation 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 LOLUTE LOLUTED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Description Prome V

SIGNATURE: _