2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Mal M

1. Entity Nam	ne	# J72156 PORATION OF FI		Apr 30, 2005 08:00 AM Secretary of State							
Principal Place of Business 1009 COURT ST CLEARWATER FL 33756				ng Address COURT ST ARWATER FL 337		-		Siri Bibli aran	* 	1 8 1811881 11 1881	
2. Principal Place of Business				iling Address		-					
Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.		_ 1s	t MOORE	CR2E034	(10/04)			
City & Stat	te		City	City & State			4. FEI Numb	er 59-2770964	 [Applied For Not Applicable
Zip	Country		Zip	Zip Co		itry	5. Certificate of Status Desired				
	6. Name	and Address of Curre	nt Register	ed Agent		Niewa	7. Name and	Address of New R	egistered .	Agent	·- · · · · · · · · · · · · · · · · · ·
THOMPSON, GAIL M. 1009 COURT ST CLEARWATER FL 33756						Name Street Address (P.O. Box Number is Not Acceptable)					
					City	FL Zip Code					
8. The above the obligat	named entit	y submits this statement tered agent.	for the purp	oose of changing its	register	l ed office or registe	red agent, or bo	th, in the State of Flo		- 1	th, and accept
SIGNATURE	Signature, typed	or printed name of registered agr	ent and tide if an	plicable (NOT	E Bedristere	d Agent signature require	d when reinstalings)	 	DATE	· ·	<u></u>
After Make Check	ILE NOW! May 1, 200	!! FEE IS \$150.00 05 Fee Will Be \$550. o Florida Department	00 of State				· · · · · · · · · · · · · · · · · · ·	9. Election Campa Trust Fund Con	ign Financ tribution.	Ä.	5.00 May Be
10.	IDD.	OFFICERS AN	D DIRECTO		11.		ADDITIONS	/CHÂNGES TO OFFI	CERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSO 1009 COU CLEARWA			□ Delete		1				☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY- ST-21P	VD SMITH, RC 1009 COU CLEARWA	RT ST		☐ Delete		E ET ADDRESS -ST-ZIP		U0000035 05/02/05 - 86	□ Change □ Addition 00350438 5-80105-019 150.00		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				☐ Chang	e Addition
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TITLE NAME STREET ADDRESS CITY+ST+ZIP				☐ Delete						☐ Chang	e 🔲 Addition
of the cor	poration of t	e information supplied w t or supplemental repor- ne receiver or trustee em achinent with an address	lboweted to	execute this report	aş requi	mption stated in Se ture shall have the red by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statute	(i), Florida Statutes. I ct as if made under c es, and that my name	further cer ath, that I a appears in	tify that the am an office n Block 10	e information cer or director or Block 11 if

FILED

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