2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	MENT # L18273  PO THE TENT TO				Apr 14, 2005 08:00 AN Secretary of State				
Principal Place of Business		Mailing Address			-				
5842 14TH STREET W BRADENTON FL 34207 US		PO BOX 11470 BRADENTON FL 34282 US_		-			EETT WITWIR WINII WINIE WI	II ENTIL BIDI	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st N	MOORE (	CR2E034 (10	<u> </u>	
City & State		City & State			4. FEI Number	65-0149616		Not	plied For t Applicable
Zip	Country	Zip	Cour	ntry	<u> </u>	f Status Desired	Fee	75 Addi Required	
	6. Name and Address of Current	<del></del>	Name	7. Name and A	Address of New Re	gistered Agen	<u> </u>		
160	HEB, ROBERT P. 5 MAIN STREET, STE 705 RASOTA FL 34236				(P.O. Box Number	is Not Acceptable	}		
		·		City			FL <sup>2</sup>	ip Code	<del></del>
	named entity submits this statement for tions of registered agent.		s register	ed office or registe	red agent, or both	, in the State of Flor		ar with, a	and accept
OIGHUTTORIE!	Signature, typed or printed name of registered agent	and title if applicable (NO	TE Registere	ed Agent signature require	d when reinstating)	·	DATÉ		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o					9. Election Campai Trust Fund Cont	ribution.	Adde	00 May Be d to Fees
10.	OFFICERS AND	<del></del>	11		ADDITIONS/C	HANGES TO OFFI		<u>·</u>	
NAME STREET ADDRESS CITY-ST-ZIP	DPT CHAWI, SOUHAD F. 2703 BARNARD RD BRADENTON FL	☐ Delete						Change	Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP	DVT CHAWI, TERESA F. 2703 BARNARD RD BRADENTON FL	□ Delete			04	U00000303 1/14/05-800	742 14-023 19	Change 50.00	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete						Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Delete						Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete						Change	Addition
l indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp , or on an attachment with an address.	s true and accurate and that	my signa	iture shail have the	same legal effect:	as if made under o	ath: that I am ar	ı officer (	or director

CII ED

SIGNATURE: Teresa Chawi 4-7-05 (941)-153-1032

MONATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Vice president Date Devicine Phone &