## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## FILED Apr 14, 2005 08:00 AM Secretary of State **DOCUMENT # P03000065388** KENNETH H. DINKLAGE AND ASSOCIATES, INC. Principal Place of Business Mailing Address 1331 NORTH MILLS AVENUE PO BOX 533709 ORLANDO, FL 32803 ORLANDO, FL 32853 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2365449 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DINKLAGE, KENNETH H DO NOT WRITE 1331 NORTH MILLS AVENUE ORLANDO, FL 32803 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 Sonature, typed or printed name of registered agent and title if applicable. (NOTE, Begistered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPVT TITLE NAME DINKLAGE, KENNETH H STREET ADDRESS 1331 NORTH MILLS AVENUE U00000305687 04/14/05-80094-013 150.00 CITY-ST-ZIP ORLANDO, FL 32803 TITLE DINKLAGE, KENNETH H NAME STREET ADDRESS 1331 NORTH MILLS AVENUE CITY-ST-ZP ORLANDO, FL 32803 The Control of the Co TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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 the address, with all other like empowered.

OFFICER OR DIRECTOR