

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

01-26-2005 90017 037 ***150.00
P03000124920

FILED

05 FEB -8 AM 9:30

SECRETARY OF STATE
40007150 ASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

| | | | |
|---|--|--|---|
| DOCUMENT # P03000124920 1. Entity Name FLEISS/ MINUTIEUX, INC. <i>correct spacing</i> MINUTIEUX, INC. | | | |
| Principal Place of Business 5195 ANDREA BLVD ORLANDO FL 32807 - 1304 | | Mailing Address 5195 ANDREA BLVD ORLANDO FL 32807 - 1304 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 5195 ANDREA BLVD | |
| City & State | | City & State ORLANDO, FL | |
| Zip | | Zip 32807-1304 | |
| Country | | Country ORANGE | |
| 4. FEI Number 55-0851625 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RATHBURN, JAMES F 5195 ANDREA BLVD ORLANDO FL 32807-1304 | | 7. Name and Address of New Registered Agent Name JAMES F. RATHBURN Street Address (P.O. Box Number is Not Acceptable) 5195 ANDREA BLVD City ORLANDO FL Zip Code 32807-1304 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete RATHBURN, JAMES 5195 ANDREA BLVD ORLANDO FL 32807 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete RATHBURN, ANDREE 5195 ANDREA BLVD ORLANDO FL 32807 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>J. Rathburn</u> JAMES RATHBURN <u>20 JAN 05</u> <u>407-281-7455</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |