## 2005 FOR PROFIT CORPORATION

**FILED AM** 

ANNUAL REPORT				Jan 20, 2005 08:00 A			
1. Entity Nan	MENT # P93000039	469			Sec	eretary of State	
Principal Plac 910 GARDEI PENSACOLA		Mailing Address P. O. BOX 11211 PENSACOLA, FL 32524-1211	us	 	<b>.</b> 1811 <b>. 1</b> 1111 <b>. 11</b> 311 <b>. 11</b> 311	- • • • • • • • • • • • • • • • • • • •	
	OO NOT WRITE	IN THIS SPA	CE		No Chg-P	CR2E034 (10/03)	
				59-319080 5. Certificate of S		Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current F	egistered Agent		<del>'</del>	रहेला अञ्चलका व	· · · · · · · · · · · · · · · · · · ·	
HURD, FREDERICK A JR 910 GARDENGATE CIR. PENSACOLA, FL 32504			DO NOT WRITE IN THIS SPACE				
the obligate	named entity submits this statement for flons of registered agent.  Signature, typed or printed name of registered agent ar		d Agent signature required		The State of Flori	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	Election Campaign Final     Trust Fund Contribution	noing <b>\$5.</b>	00 May Be ed to Fees			
10.  IFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PDS HURD, FREDERICK A JR 910 GARDENGATE CIR. PENSACOLA, FL D	PRECTORS		ſ	U000001 11/21/05-8	186882 30076-012 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	HURD, CAROLE A 3920 HIDDEN OAK DR PENSSCOLA, FL 32504		<u> </u>  -		·· ••	•	
NAME STREET ADDRESS CITY-ST-ZIP					OT WI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN Th	IIS SPA	ACE	
TITLE  NAML  STREET ADDRESS  CITY-ST-ZIP				*. <del>-</del>		e e e e e e e e e e e e e e e e e e e	
TITLE			I	-		The second secon	

12. 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 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: THE SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone \*