


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000017104

1. Entity Name
 175 FIFTH CORPORATION



Principal Place of Business: 203 AVE. A, NW STE 300 WINTER HAVEN, FL 33881


Mailing Address: PO BOX 194 STE 300 WINTER HAVEN, FL 33882 US

2. Principal Place of Business: Suite, Apt. # etc

3. Mailing Address: Suite, Apt. #, etc

City & State: City & State

Zip: Zip Country: Country



04262005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0660503 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRANG, CARL J III
 200 AVENUE B, N.W.
 WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ FL Zip Code: _____

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: _____

Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent's signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	NAME: STRANG, CARL J III STREET ADDRESS: 203 AVE A, NW CITY-ST-ZIP: WINTER HAVEN, FL 33881	TITLE:	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
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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)(f), 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: [Signature] PRESIDENT 4/25/05 877 299 1193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #