2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUI 1. Entity Nam CLAUDIA	ie	# P970001078 ST, INC.		Apr 27, 2005 08:00 AM Secretary of State							
Principal Place of Business				Mailing Address					-		•
3700 N. HIGHWAY 19A MOUNT DORA FL 32757				3700 N. HIGHWAY 19A MOUNT DORA FL 32757							
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2. Principal Place of Business			3. Mai	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1s	t MOORE	CR2E034 (1	0/04)	•	
City & State			City & State				4. FEI Numb	er 59-3488706	3	!!	plied For t Applicab!
Zip Country			Zip	Zip Cour		ntry	5. Certificate	of Status Desired		3.75 Add e Required	
6. Name and Address of Current Reg				ed Agent		7. Name and	Address of New R	egistered Age	ent	-	
RUSSELL, MICHAEL L						Name			:		
3700 N. HIGHWAY 19A				Street Add			P.O. Box Numb	er is Not Acceptable	e) 		
MOUNT DORA FL 32757											<u></u>
						City			FL	Zip Code	
	named entitions of regist	y submits this statement lered agent.	or the purp	ose of changing its	register	ed office or register	ed agent, or bo	oth, in the State of Flo	rida I am fan	iliar with,	and accept
SIGNATURE .	Signature typed	or printed name of registered ager	it and title if an	olicable (NOTI	E Registere	d Agent signature required	l when reinstaling)		DATE		
F	······································	!! FEE IS \$150.00]				. 5)			
After	May 1, 200	5 Fee Will Be \$550.0 Florida Department						9. Election Campa Trust Fund Con	-		00 May Be of to Fees
10.		OFFICERS ANI	DIRECTO	PRS	11.		ADDITIŌNS	/CHANGES TO OFF			
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C-TY-ST-ZIP	north, that the	o information supplied wi	th this filina	doe not qualify for		mntion stated in Se	etion 119.07(3)	(i) Florida Statutes	further certify	that the in	formation
i∡. I nereby of indicated of the cor	on this report poration or the	e information supplied wi rt or supplemental report he rabetver of trustee emi	is true and powered to	accurate and that rexecute this report	ny signa as requ	ture shall have the : fred by Chapter 607	same legal effe 7, Florida Statut	ct as if made under ones; and that my name	path, that I am e appears in B	an officer lock 10 or	or director Block 11 if
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 of 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 attaction with an address, with all other like empowered.											

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(352) 735-0112 Daytime Phone 4