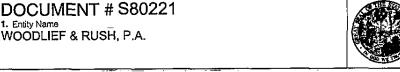
2005 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # S80221** 1. Entity Name

FILED Feb 07, 2005 08:00 AM Secretary of State



Principal Place of Business

3411 W FLETCHER AVE

STE B

TAMPA, FL 33618

Mailing Address

3411 W FLETCHER AVE

STE B

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAMPA, FL 33618



DO NOT WRITE IN THIS SPACE

02042005 CR2E034 (10/03) No Chg-P Applied For 4. FEI Number 65-0304623 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6	. Name and			Agent
_		 	 -	

RUSH, BRIAN P. 3411 W FLETCHER AVE STE B TAMPA, FL 33618

SIGNATURE:

DO NOT WRITE 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 Signature, typed or printed name of registored agent and title If applicable (NOTE Registered Agent signature required when refinitating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000218298			
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSH, BRIAN P. 3411 W FLETCHER AVE STE B TAMPA, FL 33618							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODLIEF, MITCHEL E. 225 E. CHURCH STREET JACKSONVILLE, FL	·						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	·-· · · · ·	<u> </u>		••• <u> </u>			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 a regidness, with all other like empowered.								