## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 14, 2005 08:00 AM Secretary of State

	ANNUAL R	REPORT		_		, 2005 08:00	
DOCU	MENT # F9900000240			Sec	retary of State	e	
	ENGLING AND SON, INCORPO	DRATED					
Principal Plac	ce of Business A	failing Address		1	-		
501 MAHAN	ITONGO STREET	501 mahantongo street Pottsville, pa 17901					
		·····					
					#    ( # {        #       #		
DO NOT WRITE IN THIS SPA			CE	02102005 4. FEI Numb	No Chg-P	CR2E034 (10/03)  Applied For	
<del></del>			_	23-124		Not Applicat	
			<del></del>	5. Certificate	e of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regi	stered Agent					
F+L CORP ONE INDEPENDENT DRIVE			-	DO	<b>NOT W</b>	RITE	
SUITE 130				IN .	THIS SF	ACE	
onoreon.							
	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	l ad office or register	ed agent, or bo	oth, in the State of Flo	rida. I am familiar with, and acce	pt
SIGNATURE							
	Signature, typod or printed name of registered agent and title	if applicable (NOTE Registerer	d Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS			I		_
TITLE NAME	PD YUENGLING, RICHARD L JR.		i				
STREET ADDRESS	501 MAHANTONGO STREET						
CITY-ST-ZIP	POTTSVILLE, PA 17901						
TITLE NAME	S YUENGLING-FRANQUET, JENNIFER	2			իննննո	1229422 80079–009 150.00	
STREET ADDRESS	501 MAHANTONGO STREET				02/14/05-	80074-009 15D.00	
CITY-ST-ZIP	POTTSVILLE, PA 17901						
TITLE NAME	T YUENGLING FERHAL, DEBORAH		1				
STREET ADDRESS	501 MAHANTONGO STREET			<b></b>	NOT W		
CITY-ST-ZIP	POTTSVIELE, PA 17901			DO	NOT W	KIIE	
TITLE		`		IN "	THIS SF	ACE	
NAME STREET ADDRESS				***			
CITY-ST-ZIP		<u></u>					
TITLE							
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE							

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:

NAME STREET ADDRESS CITY+ST+ZIP

MINTURE AND TYPED OR PRINTED WAVE OF STORING OFFICER OR DIRECTOR

10/05 E

(570)(422 4141 Daytime Phone #