## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 120969  1. Entity Name  APPLINICATION CORPORATION						Secretary of State					
ON CORE	PORATION		'								
CINGS ROAL	NORTH	JACKSONVILLE FL 3	6156 OLD KINGS ROAD NORTH JACKSONVILLE FL 32205								
		US				241					
Place of Busin	ness	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		15	st MOORE	CR2E03	4 (10/04	4)		
City & State		City & State	City & State		4. FEI Numb	oer 59-08166				lied For	
	Country	Zip	Country	/	5. Certificati			\$8.75	Addit		
6. Name	and Address of Curr	ent Registered Agent			7. Name an	d Address of Nev			quired		
TMAN, NA	ATALIE P			Name	<u></u>						
6 OLD KI	NGS RD., N.			Street Address (P O. Box Number is Not Acceptable)							
KSONVII	LE FL 32254										
		•		City	· · · · · · · · · · · · · · · · · · ·			<b>-</b>   `			
named entity tions of regist	y submits this statemer tered agent	nt for the purpose of changing it	ts registered	office or register	ed agent, or be	oth, in the State of	Florida. I am	ı familiar	with, a	nd accep	
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		goni and title if applicable (NC	OIE Hegis/eled A	geni signature required	mpeu terustating)	1	DATE			· ·	
May 1, 200	5 Fee Will Be \$550							cing		<b>0</b> May B∈ Ito Fees	
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<del></del>	VILLE FL 32254	· <u>·</u>	CITY-5	T- ZIP							
1-	JOHN A.	☐ Defete	THILE NAME					☐ Cha	ange	Addition	
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JACKSON	VILLE FL 32254	□ Doleto		T-ZIP						□ AUUDE -	
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on this report to the port of	rt or supplemental reponse receiver or trustee eachment with an addre	off is true and accurate and that impowered to execute this repotess, with all other like empowere PITTMA	t my signatur ort as require od.	ra chall hava tha :	same legal effe ', Florida Statul	ect as if made und tes, and that my na	er oath; that I ame appears	am an o in Block	fficer o 10 or E	r director Block 11	
	e of Busines (INGS ROAL ILLE FL 322  #, etc.  fe 6. Name  6. Name  6. Name  FMAN, NA 6. OLD KI CKSONVII  CKSONVII  CHARLE HOW!  May 1, 200  K Payable to  PD  PITTMAN, 6156 OLD  JACKSON  D  PITTMAN, 6156 OLD  JACKSON  D  JACKSON  D  JACKSON  D  JACKSON  D  JACKSON  O  POTTMAN, 6156 OLD  JACKSON  O  POTTMAN  PO	Country  6. Name and Address of Curr  Country  6. Name and Address of Curr  MAN, NATALIE P  6 OLD KINGS RD., N.  CKSONVILLE, FL  CRONVILLE, FL  CRONVILLE FL 32254  Command entity submits this statement ions of registered agent.  CILE NOW!!! FEE IS \$150.00  May 1, 2005 Fee Will Be \$550  K Payable to Florida Department  OFFICERS A  PD  PITTMAN, NATALIE P.  6156 OLD KINGS RD N  JACKSONVILLE FL 32254  D  PITTMAN, JOHN A.  6156 OLD KINGS RD N  JACKSONVILLE FL 32254	ON CORPORATION  The of Business	ON CORPORATION  The of Business	Mailing Address  Interest State  Interest State  Mailing Address  Mailing	Note of Business  It of Busine	Secreta ON CORPORATION  The of Business of Business of Secreta of Business of Secreta of Business of Secreta o	Secretary of S ON CORPORATION  e of Business Sings ROAD NORTH LEF 1, 32205  Tace of Business Sings ROAD NORTH LEF 1, 32205  The South Address of Library Registered Agent South Road Road Road Road Road Road Road Road	Secretary of State ON CORPORATION  Set usiness Mailing Address State DL KINSS ROAD NORTH SEASONVILLE FL \$2209  Suite, Apt. #, etc.  Sui	Secretary of State  ON CORPORATION  A of Business  Mailing Address Sefe CLD KNOS ROAD NORTH LLE FL 92205  A SEE COUNTY  A SEE Number  1 et MOORE CR2E034 (10/04)  A SEE Number  2 et MOORE CR2E034 (10/04)  A SEE Number A SEE Nu	

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