2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # 239378									2005 SEP		ar.		
						1000	Tresion .						
Principal Place of Business				Mailing Address					SECRETA TALLAHAS	RY OF S	TATE		
2929 S.E. OCEAN BLVD. APT. 103-5				2929 S.E. OCEAN BLVD. APT. 103-5					IALLAHAS	SEE. FL	ORIDA	141 N T	
STUART FL 34996-2718			STUART FL 34996-2718										
2. Principal Place of Business			3. Mailing Address P.O. Box 1076					1100		1511 5161) 210	11) 5164 5185 518	1)1 441 17 1867	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				2nd MOORE CR2E034 (5/05)					
City & State			City & State STUART FL					4. FEI Numb	er 59-0898087	,	_ 	oplied For ot Applicable	
Zip	Country		Zip Count 34995 U			try LSA		5. Certificate	of Status Desired		8.75 Add ee Require		
	6. Name	and Address of Current F	Registere					7. Name and Address of New Registered Agent					
NEWTON,H L							Name						
2929 S.E. OCEAN BLVD. 103-5 STUART FL 34996							Street Address (P.O. Box Number is Not Acceptable)						
0.0		3 1000											
				City				•		FL	Zip Cod	ie	
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 registeria agent and title if applicable (NOTE Registered Agent signature required when retirestating) DATE													
FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., DUE BY September 7, 2005 late fee. By checking Make Check Payable to Florida Department of State did not receive prior						box, the c	orporatio	on certifies it	 Election Campa Trust Fund Con 	-		.00 May Be ed to Fees	
10. OFFICERS AND			DIRECTORS 11.						/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	PD	· · · · · · · · · · · · · · · · · · ·	☐ Delete TITL			E	D	PS	,		Change	☐ Addition	
NAME CIRCL ADDRESS	NEWTON,	, H. L. OCEAN BLVD.			NAM	1E Eet address	792	WTON H	CEAN BLVD.	. ′	•		
STREET ADDRESS TO CITY-ST-ZIP	STUART F					-ST-Z!P		ART, FO					
TITLE	SDT			Delete	TITL	E					Change	Addition	
NAME	NEWTON, JEAN			NAMI				60	000597	455:	96 °	. –	
STREET ADDRESS	2929 S.E. OCEAN BLVD. STUART FL 34996			STRE				09/19	000597 1/0501049-	-004 *	**150.C	00	
CITY-ST-ZIP	 	·L 34996			—	/-ST-ZIP	70 -				H	T	
TITLE NAME	VD INFWTON	, HARLAN JR.		☐ Delete	TITL NAM		D' NE	WTON	HARLAN JR	2. (Change	☐ Addition	
STREET AUDRESS	5472 PINE CREEK DR			STRE			547	Z PINE	HARLAN JR CREEK DR	• •			
CITY-ST-ZIP	ORLANDO FL 32811				CITY	r-ST-ZiP		ando, Fo	- 32811				
TITLE	DVP	DENINIC I		Delete	TITE		DV		STANK T		Change	Addition	
NAMÉ STREET ADDRESS	l .	, DENNIS J I POINT RD.			. NAN L STR	AL Eet address	6 W	HIGH E	PENNIS I POINT RO				
CITY-ST-ZIP	SEWALLY POINT FL 34996			CITY-			570	LART F	4 34996				
TITLE				☐ Defete	TITL	.E					Change	☐ Addition	
NAME					NAN								
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP							
TITLE	<u> </u>			☐ Delete	TITL			 	<u> </u>		Change	☐ Addition	
NAME				- Delete	NAN						0.121190		
STREET ADDRESS						EET ADDRESS							
CHY-ST-ZIP						Y-ST-ZIP	<u>L</u>				 	120	
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 file that 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 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 in changed, or on an attachment with an address, with all other like empowered.													