2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # 248340						iy oi state	
Principal Plac 2325 HIGHW BARTOW, FL	AY #60 EAST	Mailing Address P.O.BOX 101 BARTOW, FL 33830		A SOURCE PENCE	W/881 1974 F 1/71 819(1 881)	erail kturi minit in		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01032005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable 59-0936600 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
SMITH, MARK 225 E. PARK AVE. LAKE WALES, FL 33853					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 registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) PATE FILE NOWIL! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 PATE 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI ST DOUBERLY, KENNETH E 305 PEACE RIVER PARK RD. BARTOW, FL 33830	AECTORS .			U0000 01/07/09	00173205 5-80009	5 -017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDDLESTON, MICHAEL 325W STANFORD BARTOW, FL 33830		–		 . 			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VP RODRIGUEZ, DAVID L 5035 OLD HOMESTEAD ST LAKE WALES, FL 33853			DO	W TON	RITE	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					. 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Desire Control	Supply to the second	. No. 2 (c) 10 (
 t2. I hereby indicated of the corchanged 	certify that the information supplied with the donth is report or supplemental report is transcription or the receiver or trustee empower, or on an attachment with an address, with	is Illing does not qualify for the exe ue and accurate and that my signa ared to execute this report as requ h all other like empowered.	emption stated in Se ature shall have the ired by Chapter 607	scuon 119.07(3) same legal effec 7, Florida Statute	ii), Florida Statutes. It as if made under e es; and that my nam	nutrier certify path; that I am e appears in E	an officer or director Block 10 or Block 11 if	