2005 FOR PROFIT CORPORATIONANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

Mailing Address		
6062 SWALLOW DR LAKELAND, FL 33809	US	.
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LAKELAND,		LAKELAND, FL 33809 US	-	 		REMIN MEMIN MINTI MIMI	T MENSOL MONTENNO OT 1000
E	OO NOT WRITE I	Ñ THIS SPA	CE	04252005 4. FEI Numbe 59-111		CR2E034 (
	6. Name and Address of Current Reg	istered Agent				. ****	
6062 SWA	CHARLES J ALLOW DR D, FL 33809			_	NOT WI		
the obligat	e named entity submits this statement for the tions of registered agent	purpose of changing its register	ed office or registe	red agent, or bot	th, in the State of Flor	ida. am famili	ar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and titl	le il applicable. (NOTE Registere	d Agent signature require	d when reinstating)		DATE	<u> </u>
FIL After M	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.00	9. Election Campalgn Finar Trust Fund Contribution.	ncing \$5	-00 May Be led to Fees			
10.	OFFICERS AND DIRE	CTORS	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD HUBER, RUTH M P.O. BOX 5226 PLANT CITY, FL 33563 SD HUBER, MICHAEL E				U000003 04/28/05-6	38541 30040-012	2 150 . 00
STREET AUDRESS CITY-ST-ZIP	219 ANN MARIE CIR LAKELAND, FL 33813						
NAME STREET ADDRESS CITY-ST-ZIP	VT HUBER,CHARLES J 6062 SWALLOW DR LAKELAND, FL 33809				NOT W		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN 7	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						. ~	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 cath, 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:

Murler C. Lesbon Western to Signature and typegor printed name of signing officer or director

4/26/2005 8

963-858-9454

e Daytime Phone #