2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Bill M Surratt, Jr.

Bill M Surratt, Jr.

1. Entity Nar		# 312238 T, INC.	· · · · · · · · · · · · · · · · · · ·				7	Jan 24, 2005 08:00 AM Secretary of State				
Principal Plac	ce of Business	· · · · · · · · · · · · · · · · · · · 	Mailir	ng Address	-		-		• *			_ ن
15515 US 3		P.O.	P.O. BOX 189 DADE CITY FL 33526-0189					er tall allert allalt a	1611 81811 811			
2. Principal F	Place of Busin	3. Ma	3. Mailing Address									
Suite, Apt	: #, etc.	Suit	Suite, Apt. #, etc.			1:	st MOORE	CR2E034	(10/04)		
City & State			City	City & State			4. FEI Numi	^{ber} 59-120279	4		Applied For Not Applicabl	le
Zip	Zip Country		Zip	Zip Cour		ntry	5. Certificat	te of Status Desired		\$8.75 Fee Reg	Additional juired	
	6, Name	and Address of Curr	ent Register	ed Agent			7. Name an	d Address of New I				_
WA	LLER, CH	ARLES D.				Name						
379	27 LIVE O DE CITY F		. ••	Street Address	(P.O Box Numl	ber is Not Acceptabl	e) 					
						City			FL	Zip (Code	
the obliga SIGNATURE F	Signature, typed	submits this statemer ered agent. I FEE IS \$150.00 5 Fee Will Be \$550	gent and title if app			ed office or regist	··	9. Election Camp	DATE aign Financii	ng \$	55.00 May Be	
Make Check	k Payable to	t of State					Trust Fund Cor			Added to Fees	_	
10.	PD	OFFICERS A	ND DIRECTO	RS Delete	11.		ADDITIONS	S/CHANGES TO OF		DIRECT Chan		
NAME STRFFT ADDRESS CITY ST-ZIP	SURRATT,	801		- Delete	NAM STRE			U000001 01,/25/05-8	92614 0023-01			
TITLE NAME STREET ADDRESS CITY-ST-ZIP) .			☐ Delete						☐ Chan	ge 🔲 Addillos	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SURRATT, 15515 US 3	ANITA GAIL		☐ Delete	ПТЕ МАМ 1 (R)	- 		· · · · · · · · · · · · · · · · · · ·		☐ Chan	ge 🔲 Addition	n
HILL NAME STREET ADDRESS CHY-ST-ZIP				☐ Delete				<u> </u>		☐ Chan	ge 🔲 Addition	- n
TITLE NAME STREET ADDRESS CITY ST-ZIP		~	•	□ Delete	- 1					☐ Chang	ge 🗀 Addition	7
NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete	•					☐ Chang	ge 🔲 Addillor	1
indicated of the cor	l on this report rporation or th	information supplied v tor supplemental report e receiver or trustee er chment with an addres	rt is true and apowered to	accurate and that re execute this report	ny signat as requi	ture shall have the	e same legal effe	ect as if made under	oath, that I a	m an offi	cer or director	

FILED

January 21, 2005 (352)567-5161

Daytme Phone #