2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2005 08:00 AM Secretary of State

	ANNUAL	LEFOR I		, -	. Set	n Ctai y	oi Stat
DOCU	MENT # 384420						
1. Entity Nam COLLIEF	ne R COUNTY SERVICE CENTER	, INC.					
			911				
-		vailing Address 5752 E CR 478		{			
5752 E CR 478							
		(v. 100 mm)					
			02202005	No Chg-P	CR2E034 (1		
L	O NOT WRITE I	N THIS SPA	CE	4. FEI Number		0112331(.	Applied For
				59-1457060 Not Applicable			
				5. Certificate of	Status Desired		5 Additional equired
	5. Name and Address of Current Regi	stered Agent	igi istorija i dovin				
YUREWITCH,RICHARD R 5752 E CR 478				DO N	W TOV	RITE	
	R, FL 33597				HIS SP		
				त्रस्य त्र		and there	
9 The shows	named entity submits this statement for the	numnes of changing its registers	of office or registers	ad agent or both	in the State of Flori	da Lam familia	with and accept
	ions of registered agent.	purpose of changing havegistere	ic office of registers	ed agent, or boss,	iii pie diate di i idi	oa. Tanina	will, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and idle	if applicable. (NOTE: Registered	Agent signature required	when re-instating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				00 May Be ed to Fees	\ingonos i14/16/05-8	09008 09020-011	150.00
10.	OFFICERS AND DIREC	CTORS			+ 1 1 1 1 1 1 1 1		
TITLE NAME	PD YUREWITCH, RICHARD R.		. ` .				
STREET ADDRESS	5752 E CR 478						
CITY-ST-ZIP TITLE	WEBSTER, FL 33597	·	March desire	i kumiyi e i e i w	jaja dalikoj lie	ing daring more (1861).	su it see ee jid
NAME							
STREET ADDRESS CITY-ST-ZIP					ezet e manador in escado	Er stokkt och t	ارد. در درک فره می درد در درد درد درد درد درد درد درد درد
TITLE			· · · · ·				
NAME Street address				un an a	de authorisation de de autor	NAME OF BELLEVI AND ASSOCIATION	, , , , , , , , , , , , , , , , , , ,
CITY-ST-ZIP				 1 Contract to the reset 	NOT WI		
TITLE NAME				IN T	HIS SP	ACE	•
STREET ADDRESS				•		•	
CITY-ST-ZIP			ra ga Bud ti trave		American States		
NAME		į					٠.,
STREET ADDRESS City-St-Zip					The state of the s	er en gre	
TITLE		· · · · · · · · · · · · · · · · · · ·	paramentetatatus te 		a contra antique de la color		•
NAME STREET ADDRESS						•	` .
CITY-ST-ZIP					<u> </u>	<u>. Mangapagang Palua, Landa</u>	<u>sa, maninan</u>
indicated of	ertify that the information supplied with this file on this report or suppliemental report is true a profession of the receiver or trustee empowered	nd accurate and that my signatu	re shall have the sa	me legal effect as	s if made under oat	n, that I am an o	fficer or director
changed, o	oration or the receiver or trustee empowered or on an attachment with all address, with all	other like empowered.	o by Chapter 607, I	rionua statutes; a	T Jan and))	TO OL BIOOK 11 II
SIGNATI	URE: WWW.W/	tweenut	Mes		11200	<u> </u>	
	SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OF DIRECTO	PRES.	<u> </u>	Date	Daytime Pho	nt #