2005 FOR PROFIT CORPORATION

## FIL ED $\mathbf{AM}$

Secretary of  Mailing Address  POST OFFICE BOX 2555  APOPKA, FL 32704 US  DO NOT WRITE IN THIS SPACE   4. FEI Number  Sp-1768918  S. Certificate of Status Desired  Secretary of  O2272005 No Chg-P CR2E034 (10'03)  4. FEI Number  Sp-1768918  S. Certificate of Status Desired  Fee Popular  Secretary of  O2272005 No Chg-P CR2E034 (10'03)  A. FEI Number  Sp-1768918  S. Certificate of Status Desired  Fee Popular  DO NOT WRITE  IN THIS SPACE  B. The above named entity submits this statement for the purpose of changing his registered office or registered agent, or both, in the State of Florida. Lam familiar with, the obligators of registered agent.  SIGNATURE  Signature Feed or pried ranks of species at the despication  POST OFFICERS AND DIRECTORS  THE NOWING FEE IS \$150.00  OFFICERS AND DIRECTORS  THE NOWING FEE IS \$150.00  OFFICERS AND DIRECTORS  THE NOWING FEE IS \$150.00  OFFICERS AND DIRECTORS  THE NORGAN, CHARLES A  STRET ADDRESS  1170 LEXINGTON PKWY  OIT-57-27  APOPKA, FL 32712  THE  NOWE  MORGAN, CHARLES A  1170 LEXINGTON PKWY  OIT-57-27  APOPKA, FL 32712  THE  NOWE  MORGAN, CHARLES A  1170 LEXINGTON PKWY  OIT-57-27  APOPKA, FL 32712  THE  NOWE  MORGAN, CHARLES A  1170 LEXINGTON PKWY  OIT-57-27  APOPKA, FL 32712  THE  NOWE  MORGAN, CHARLES A  1170 LEXINGTON PKWY  OIT-57-27  APOPKA, FL 32712	Mar 03, 2005 08:00			ANNUAL REPORT		
POST OFFICE BOX 2555 _ APOPKA, FL 32704 US  POST OFFICE BOX 2555 _ APOPKA, FL 32704 US  DO NOT WRITE IN THIS SPACE  1. FEI Number					ne	1. Entity Name
DO NOT WRITE IN THIS SPACE  4. FEI Number 59-1768916  5. Certificate of Status Digitired  6. Name and Address of Current Registered Agent  MORGAN, CHARLES A. 1170 LEXINGTON PKWY APOPKA, FL 32712  BY SPACE  1. 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. Lam familiar with, the obligations of registered agent.  SIGNATURE Spatiates typed or printed name styrightore agent and the 4 applicable (NOTE, Registered Agent) (NOTE, Registered Agent) (NOTE, Registered Agent, or both, in the State of Florida. Lam familiar with, the obligations of registered agent. The Address of Registered agent (NOTE, Registered Agent, or both, in the State of Florida. Lam familiar with, the obligations of registered agent, or both, in the State of Florida. Lam familiar with, the obligations of registered agent, or both, in the State of Florida. Lam familiar with, the obligations of registered agent, or both, in the State of Florida. Lam familiar with, the obligations of registered agent, or both, in the State of Florida. Lam familiar with, the obligations of registered agent, or both, in the State of Florida. Lam familiar with, the obligations of registered agent, or both, in the State of Florida. Lam familiar with, the Obligations of registered agent, or both, in the State of Florida. Lam familiar with, the Obligations of registered agent, or both, in the State of Florida. Lam familiar with, the Obligations of registered agent, or both, in the State of Florida. Lam familiar with, the Obligations of registered agent, or both, in the State of Florida. Lam familiar with, the Obligations of registered agent, or both, in the State of Florida. Lam familiar with, the Obligations of registered agent, or both, in the State of Florida. Lam familiar with, the Obligations of registered agent, or both, in the State of Florida. Lam familiar with, the Obligations of registered agent, or both, in the State of Florida. Lam familiar with, the Obligatio			5.	POST OFFICE BOX 2555	E OBX 2555	POST OFFICE
MORGAN, CHARLES A. 1170 LEXINGTON PKWY APOPKA, FL 32712  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. Lam familiar with, the obligations of registered agent.  SIGNATURE  Signature. Pool or printed name of photod agent and tills of applicable (NOTE, Registered Agent Signature received when tonelating)  PILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  TILE  PSD  MAKE  MORGAN, CHARLES A.  1170 LEXINGTON PKWY  APOPKA, FL 32712  TILE  NAME  MORGAN, CHARLES A.  1170 LEXINGTON PKWY  APOPKA, FL 32712  TILE  NAME  MORGAN, CHARLES A.  1170 LEXINGTON PKWY  APOPKA, FL 32712  TILE  NAME  NORGAN, CHARLES A.	Applied For Not Applicable	02272005 No Chg-P CR2E034 (10/03)  FEI Number	CE	·	Approx.	D
the obligations of registered agent  SIGNATURE  Signature, typed or printed name of publication and tills if application (NOTE, Registered Agent signature required when tensisting)  FILE NOWITI FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  ITILE  PSD  MAME  MORGAN, CHARLES A.  1170 LEXINGTON PKWY  APOPKA, FL 32712  TITLE  NAME  MORGAN, CHARLES A.  1170 LEXINGTON PKWY  APOPKA, FL 32712  TITLE  NAME  MORGAN, CHARLES A.  1170 LEXINGTON PKWY  APOPKA, FL 32712  TITLE  NAME  NAME  MORGAN, CHARLES A.  1170 LEXINGTON PKWY  APOPKA, FL 32712  TITLE  NAME	'e.			tered Agent	, CHARLES A. INGTON PKWY	1170 LEXII
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  TITLE PSD NAME MORGAN, CHARLES A.  STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712  TITLE S NAME MORGAN, CHARLES A.  STREET ADDRESS 1170 LEXINGTON PKWY  U01000250498  03/04/05-80013-021 158  TITLE S NAME MORGAN, CHARLES A.  1170 LEXINGTON PKWY  APOPKA, FL 32712  TITLE NAME NAME	h, and accept	2/28/05	MO	GA Morgans.	tions of registered agent	the obligation
TITLE PSD  MAME MORGAN, CHARLES A.  STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712  WORGAN, CHARLES A.  STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712  TITLE STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712  TITLE NAME  MORGAN, CHARLES A.  1170 LEXINGTON PKWY APOPKA, FL 32712  TITLE NAME					E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Fill After Ma
TITLE NAME	<b>8.</b> 75	000000250498 03/04/05-80013-021 150		CTORS	PSD MORGAN, CHARLES A. 1170 LEXINGTON PKWY APOPKA, FL 32712 S MORGAN, CHARLES A. 1170 LEXINGTON PKWY	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS
DO NOT WRITE  IN THIS SPACE		DO NOT WRITE IN THIS SPACE		The state of the s		NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS						CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 information indicated on this report or suppliemental 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 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:

CITY-ST-ZIP

Daytime Phone #