## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90293 016 \*\*\*\*61.25

1. Entity Nam	MENT # 715271 ~  LD AND FAMILY DEVELOR  .	PMENTA		04-22-2005	90293 016 ****	51.25						
Principal Place of Business 6710 86TH AVE., N. PINELLAS PARK, FL 33782 US		Mailing Address 6710 86TH AVE., N. PINELLAS PARK, FL 33782 US			4 (0.0))   1.000   1.000	20042435						
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03172005 <sub>C</sub>	hg-NP	CR2E037 (10/03)					
City & State		City & State		4. FEI Number 59-123276	30	<del></del>	Applied For					
Zip	Country	Zip	•	Country	5. Certificate of S	tatus Desired	□ \$8.75 A					
	6. Name and Address of Curren	t Registere	d Agent		7. Name and Add	dress of New R	tegistered Agent					
HICKS AV	IDBEW B			Name								
HICKS, ANDREW P. 3598 10 ST. NE ST. PETERSBURG, FL <sub>.</sub> 33704				Street Address (P.O. Box Number is Not Acceptable)			a)					
<del>-</del>	~ <del>_</del>		ہم نے <del>مص</del> نوبینے	City	· <del>- ·-</del>		FL Zip Co	de				
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 little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
SIGNATURE .	Signature, typed or printed name of registered ager	and little if app	icable. (NOTE: R	legistered Agent signature req	quired when reinstating)		DATE	<del>-:</del>				
SIGNATURE	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2005	and title if app	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE lake check payable ida Department of					
10.	Filing Fee is \$61.25		9. Election Camp	aign Financing	\$5.00 May Be Added to Fees	Flor	lake check payable ida Department of	State				
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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 supplemental 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 617, 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.

SI	GN	ΔΤ	11	R	F٠

ANDREW P. HICKS

4/11/05

727 546-9681

Daytime Phone #