## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 11, 2005 08:00 AM Secretary of State

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Special Country   Zip   Country   Special	Suite, Apt	, #, etc.	Suite, Apt. #, etc.	-	-	02052005 C	hg-NP	CR2E037	(10/03)	
S. Name and Address of Gurrent Registered Agent  S. Name and Address of Gurrent Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box	City & Sta	te	City & State				30			<del></del>
SKAHAN, DONALD SKAHAN, DONALD SKAHAN, DONALD SKAHAN, DONALD SCAR GOLDEN HORSE SHOE DRIVE SEMINOLE, FL 33777  6. The above named only 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  FILING Fee is \$61.25 Due by May 1, 2005  9. Election Campaign Financing Trust Fund Continuation.  SIGNATURE  10. OPFICERS AND DIRECTORS  11. ADDITIONS/OFFANSES TO OFFICERS AND DIRECTORS IN 10  TILL NAME STRETAMAN, LINDA SISTEMANA, LINDA SISTEM	Zip	Country	Zip	Cou	untry	5. Certificate of Si	tatus Desired		8.75 Add	litional
SKAHAN, DONALD 6548 GOLDEN HORSE SHOE DRIVE  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  The above named ontly submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Superior	······································	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and Add	ress of New			
SEMINOLE, FL 33777  8. The above named antity authorities this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symptom, type or primed name of registered spers or this if applicable.   (NOTE registered Agent species of primed name of registered spers or this if applicable.   (NOTE registered Agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of the State of Forda. I am familiar with, and accept the State of Forda. I am familiar with, and accept the State of Fo	CKALIANI			4	Name	-				
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  Filling Fee is \$61.25  Due by May 1, 2005  P. Election Campaign Financing Trust Fund Contribution.  STORY MAY 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE P. STARMAN, LINDA STARMAN, LINDA STORY JOURNAL STARMAN STA	6548 GOL	DEN HORSE SHOE DRIVE			Street Addres	ss (P.O. Box Number is	Not Acceptab	le)		
8. The above named entity submits this statement for the purpose of changing its 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 title if applicable. (NOTE Registered agent signature required when refression)   DATE	02.71.702				0.4				- A (	
SIGNATURE    Signature to be provided agent and the Papelicable.   (NOTE registered Agent dignature regulars after refressible)   DATE				_	1				'	
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CITY-ST-ZIP  TITLE TITLE 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 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 10 if	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIF  P STARMAN, LINDA 6595 GREEN VALLEY DRIVE SEMINOLE, FL 33777  SD BARNES, DOTTIE 6547 SAHARA DRIVE SEMINOLE, FL 33777  AST JONES, CAROL 6595 GREEN VALLEY DRIVE SEMINOLE, FL 33777  V BEAR, ALICE 6544 GREEN VALLEY DRIVE	9. Election C Trust Fun  RECTORS  Delete  Delete	Campaign F d Contribut  ITIL  NAM  STRE  CITY  TITLL  NAM  STRE  CITY  TITLL  NAM  STRE  CITY  TITLL  NAM  STRE  CITY  TITLL  NAM  STRE  CITY	Financing tion.   E  HE  EET ADDRESSST-ZIP  E  EET ADDRESSST-ZIP  E  HE  EET ADDRESSST-ZIP  E  HE  EET ADDRESSST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG	FIGURES TO OFFICE	Make check prida Departm ERS AND DIRE  [] 1259416 -80023-0	CTORS IN Change Change Change Change	Addition  Addition  Addition
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