2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 08:00 AM Secretary of State

(205)328.3120 Daytime Phone #

4-11-05 Date

ANNOAL REPORT				14pr 10, 2000 00:00 1			
1. Entity Nan	MENT # F0100000283	4			Se	cretary of	State
505 NORTH SUITE 1015	20TH STREET	eiling Address 505 NORTH 20TH STREET SUITE 1015 BIRMINGHAM, AL 35203			II ara t n a n aan s an ar	55 8 811 88 118 118 118 12 5 8 118 8 1511 8 18 12	
C	OO NOT WRITE II	CE	03222005 No Chg-P CR2E034 (10/03) 4. FEI Number				
JAMES, KEITH A ESQ. 222 LAKEVIEW AVE. SUITE 800 WEST PALM BEACH, FL 33418			DO NOT WRITE IN THIS SPACE				
SIGNATURE Signature, typed or printed name of registered agent and Title if applicable 9. Election Campaign Financing \$5.00 May Be State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. 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 relinating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be							
After M:	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	∐ Add	ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT CP ENGEL, ALAN Z 505 NORTH 20TH STREET BIRMINGHAM, AL 35203	- CTORS	F4:1			The state of the s	
TITLE NAME STREET ADDRESS CITY - ST-ZIP	DS LEVOW, ALAN D 505 NORTH 20TH STREET BIRMINGHAM, AL 35203	* Andread Andr					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIGSBY, HAROLD 505 NORTH 20TH STREET BIRMINGHAM, AL 35203	· -·	DO	NOT W	RITE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP			**************************************	IN .	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				77 (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
 I hereby of indicated of the corp changed, 	certify that the information supplied with this fi on this report or supplemental report is true a poration of the receiver or trustee empowered or on an attachment with an address, with all	ling does not qualify for the exer and accurate and that my signat if to execute this report as require other the empowered.	mption stated in Se ure shall have the s red by Chapter 607	ction 119.07(3) same legal effec , Florida Statute	(i), Florida Statutes, ct as if made under o es, and that my nam	further certify that the info path; that I am an officer o e appears in Block 10 or E	ormation r director Block 11 if

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _