2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30 2005 08:00 AM

Principal Place of Bunners 226 Will-SHIRE BLYD CASSELBERHY FL 20701 2. Principal Place of Suriess 3. Mailing Address 226 Will-SHIRE BLYD CASSELBERHY FL 20701 2. Principal Place of Suriess 3. Mailing Address 22707 2. Principal Place of Suriess 3. Mailing Address 228 Will-SHIRE BLYD CASSELBERHY FL 20701 2. Principal Place of Suriess 3. Mailing Address 22707 2. Suries Address 22707 2. Name and Address of Current Registered Agent 4. FEI Namour Cassel Derry FL 32707 3. Name and Address of Current Registered Agent ARTO ART	DOCU 1. Entity Nar CARDIO\					retary o	of State			
22 MW.SHIRE BLVD CASSELBERRY FL 32701 2. Principal Place of Business 2. Sile Will Britze 2. Principal Place of Business 3. Matric Address 3. Matric Address 4. FEI Number O8-1622314 Applied For Cassel Derry FL 32707 City & State APPLIED TO Country 3. Country 4. FEI Number O8-1622314 Application 4. FEI Number o8-1622314 Application 5. Name and Address of Current Registered Agent 4. FEI Number of States Desired 5. Country 4. FEI Number of States Desired 5. Country 4. Name Address of Country 4. Application 4. Part Address of PO Box Number is Nax Acceptable) Deet Address of PO Box Number is Nax Acceptable) City FL Zip Code 3. Brootlon Campaign Franching 5. Double Address of Country 1. ADDITIONS (Orthodisc) Thus First Complication 5. Brootlon Campaign Franching 5. SOM May 96 Thus First Complication 6. Delta State 6. Delta State 6. ADDITIONS (Orthodisc) 6. Brootlon Campaign Franching 6. State 6. Delta State 6. ADDITIONS (Orthodisc) 6. Brootlon Campaign Franching 6. State 6. Delta State 6. ADDITIONS (Orthodisc) 7. Name and Addition 7. Name and Addition 8. Brootlon Campaign Franching 7. ADDITIONS (Orthodisc) 7. Delta State 7. ADDITIONS (Orthodisc) 7. ADDI	Dringing Diag	no of Rusinana	Mailing Address			ļ				
2. Principal Place of Burless 2. Mailing Address 2. Sules Apt 4: etc. 2. Principal Place of Burless 3. Mailing Address 2. Sules Apt 4: etc. 3. Sules Apt 4:	{ · · ·		•							
2 18 Wilsprice Blvd . Suite Apt 4 etc. 1st MOORE CR2E034 (10/04) 2 18 Coy & Suite Case Derry FI _ 32707 Cry & Suite Cry & Cry & Suite Cry & Cry & Suite Cry & Suite Cry &										
2 18 Wilsprice Blvd . Suite Apt 4 etc. 1st MOORE CR2E034 (10/04) 2 18 Coy & Suite Case Derry FI _ 32707 Cry & Suite Cry & Cry & Suite Cry & Cry & Suite Cry & Suite Cry &	}					1 (33)(1)	1))) Bank dan Kan a Ba nk		: B(B()	
City & State Casselberry FL 32707 City & State Country Zip Country Zip Country Country Zip Country St. Certificate of Status Desired S8.75 Additional Fee Required	2. Principal Place of Business		3. Mailing Address							
City & State Casselberry FL 32707 City & State Country Zip Country Zip Country Country Zip Country St. Certificate of Status Desired S8.75 Additional Fee Required						ו בעווקנגיו נ	IIII Ta iu a kl a kk aa kke ab uus k	COM ROM DAIN AND MARK		
City State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country St. Cereticate of Status Desired \$8.75 Additional Fee Requisitor See Requisitor S	Suite, Apt #, etc. 218 Wilshire Blvd.		Suite. Apt. #, etc.		1st M	OORE	CR2E034 (10/0	04)		
250			City & State		<u>·</u>	4. FE! Number			Applied For	
Section Sect						06-1622314				
S. Name and Address of Current Registered Agent	Į	Country	Žīp	Country		5. Certificate of	Status Desired			
HARPER, NEAL 494 COUNTRY CLUB DR LONGWOOD FL 32750 City FL Zip Code	32707		Registered Agent			7. Name and Ar	Idress of New Ro		equired	
494 COUNTRY CLUB DR LONGWOOD FL 32750 City FL Zip Code	}	o. Maine and realises of others	Tableter et Adelic	Name		11 staine and Pa	34,000 0,700	ogratorad rigorit		
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signat	HAI	RPER, NEAL	Charles Valderan		P.O. Pry Number is Not Acceptable)					
S. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. FILE NOW!! FEE Is \$150.00 After May 1, 2005 Fee Will Be SS5.00			Street		Abuless (daress (P.O. Box Number is Not Acceptable)				
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, and accept the obligations of registered agent. SIGNATURE Supriore, howeve offined area of signatured agent and old Japahoule (NOTE Registered Agent supriore sequed when versitate) PILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Degratinent of State 10. OEFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. PARPER, NEAL SIGNATURE CP OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. OFFICERS AND DIRECTORS IN 1 10. Change Addition Addition MAKE AARPER, NEAL SCHILL, SCD CASSELBERRY FL 32701 CITY ST 78P CASSELBERRY FL 32707 CITY ST 78P CASSELBERRY FL 32707 CITY ST 78P CASSELBERRY FL 32707 Delete MAKE Delete MAKE STREET ADDRESS CITY ST 78P CASSELBERRY FL 32707 Delete MAKE STREET ADDRESS CITY ST 78P CASSELBERRY FL 32707 Delete MAKE STREET ADDRESS CITY ST 78P CHANGE CHANGE CHANGE CITY ST 78P CASSELBERRY FL 32707 Delete MAKE STREET ADDRESS CITY ST 78P CHANGE CHANGE STREET ADDRESS CITY ST 78P CHANGE CHA	LO	NGWOOD FL 32750								
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, type of primiter terms of signatural agent and site I appreciable NOTE Registered Agent operative sequent where verifications. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$55.00 Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITNE CP HARPER, NEAL SIRET ADDRESS CITY ST-2P CASSELBERRY FL 32701 Delete DATT, SCOTT O 218 WILLSHIRE BLVD CASSELBERRY FL 32707 Delete DELETE ADDRESS SIRET ADDRESS CITY ST-2P TITLE DELETE ADDRESS CITY ST-2P CHARGE SIRET ADDRESS CITY ST-2P TITLE DELETE ADDRESS CITY ST-2P TITLE DELETE ADDRESS CITY ST-2P CHARGE SIRET ADDRESS CITY ST-2P CHARGE SIRET ADDRESS CITY ST-2P TITLE DELETE ADDRESS CITY ST-2P TITLE T	{			City			· ·	F! Zi	o Code	
The obligations of registered agent. SIGNATURE Suprium toed or infolior former of agentsed agent and site if agenceive (NOTE Registered Service) NOTE Registered Serviced when restoated) FILE NOW!! FEE IS \$150.00	8 The shove	a named entity submits this statement for	the number of changing its	egistered office	or register	ed agent, or both, i	in the State of Flo	<u>. </u>	with, and accept	
FILE NOW!!! FEE! S150.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)										
FILE NOW!!! FEE! S150.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)	CIONIATI IDE									
### After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution	Signature, typed or printed name of registered agent and title II applicable (NOTE Registered Agent signature required when remistating) DATE									
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1] 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1] 11. 11	After	May 1, 2005 Fee Will Be \$550.00	State	Salar i		9.				
MAME HARPER, NEAL SIRET ADDRESS CITY ST- ZIP CASSELBERRY FL 32701 Change Addition Addition Companies City St- Zip CASSELBERRY FL 32707 CITY ST- Zip CITY	<u> </u>			111.		ADDITIONS/CH	ANGES TO OFFI	CERS AND DIREC	TORS IN 11	
MAME PLANFER, NEAL MAME PLANFER, NEAL MAME PLANFER, NEAL PLANFER	TITLE	1	☐ Delete	hitt			110000034	7401 Ct	range 🔲 Addition	
STREET ADDRESS CASSELBERRY FL 32701 CTY ST-2P) '	The state of the s		1		04	/30/05-80	iiã-oi9 15	50 . O0	
Change	l .	• -	and the second second		{					
MAME STREET ADDRESS CITY-ST-ZIP CASSEL BERRY FL 32707 CASSEL BERRY F	 	 	□ Datata		+		<u></u>		anne 🗀 Addition	
STREET ADDRESS CITY-ST-ZIP CASSEL BERRY FL 32707 CITY-ST-ZIP	*	1	_ C Delete		{			(oi.	ange	
TITLE	STREET ADDRESS	218 WILSHIRE BLVD		STREET ADDRESS						
NAME STREET ADDRESS CITY - ST - ZIP CASSELBERRY FL 32707 CITY - ST - ZIP CASSELBERRY FL 32707 CITY - ST - ZIP	CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP		 				
STREET ADDRESS CASSELBERRY FL 32707			☐ Delete		{			☐ ch	ange	
CITY-ST-ZIP CASSELBERRY FL 32707		1		•	}					
Title			الله الله الله الله الله الله الله الله		}				•.	
STREET ADDRESS CITY - ST - ZIF CITY - ST - ZIP CITY - ZIP CITY - ST - ZIP CITY -	TITLE		☐ Delete	THILE	1			□ Ch	ange 🔲 Addition	
CITY-S1-7iP	NAME				1					
Delete			. •		ĺ					
NAME				4	 				onga 🗀 Addition	
STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP Change Addition NAME Change Addition NAME Change	ĺ		L) Delete	•				ان را	ange [] Addition	
THE Delete THE Change Addition NAME	J.									
NAME NAME	CITY-ST-ZIP		- And the second	CITY-ST-ZIP	1	 	· · · · · · · ·			
	met		☐ Delete	•	}	- 		☐ Ch	ange 🔲 Addition	
	J			_	}					
STREET ADDRESS CITY-ST-7IP CITY-ST-7IP			g to grant and	•						
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 supplier, and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director	12. Thereby o	certify that the information supplied with	this filing does not quality for t	he exemption sta	ited in Sec	tion 119.07(3)(i), F	iorida Statutes. I	further certify that	the information	

SIGNATURE: