## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 24, 2005 08:00 AM Secretary of State

1/20/05 (352) 536-1900 Date Dayline Phone #

1. Entity Nar	MENT # F03000005847			Secre	etary of State	
Principal Place 715 ALMON STE. D CLERMONT,	ID ST. 715 STE	ng Address 5 ALMOND ST. . D RMONT, FL 34711				
E	OO NOT WRITE IN	THIS SPACE	CE	01172005 4. FEI Numb 77-060	No Chg-P C	R2E034 (10/03)  Applied For Not Applicable
	6. Name and Address of Current Register	ed Agent		5. Certificate	of Status Desired	\$8.75 Additional Fee Required
HATLEY, KENNETH 486 WEST OSCEOLA STREET CLERMONT, FL 34711			DO NOT WRITE IN THIS SPACE			
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 title if app	plicable (NOTE Registered	Agent signature required	when reinstaling)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	~ ~	00 May Be ed to Fees	U00000193	
10.	OFFICERS AND DIRECTO	DRS T			011/23/03-000	<del>139-020 150; 00 · ·</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HATLEY, KENNETH 715 ALMOND ST., STE. D CLERMONT, FL 34711					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRI	TE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN T	THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,				
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
<ol> <li>I hereby c indicated of the corp changed,</li> </ol>	ertify that the information supplied with this filing on this report or supplemental report is true and poration or the receiver or trustee empowered to or on an attachment with an address, with all oth	does not qualify for the exem accurate and that my signatu execute this report as require ar like empowered.	option stated in Sec ire shall have the sa ad by Chapter 607,	titon it 19.07(3)(i ame legal effec Florida Statute	<ul> <li>i), Florida Statutes. I furthet t as if made under oath; the s; and that my name appear.</li> </ul>	er certify that the Information nat I am an officer or director ears in Block 10 or Block 11 if

SIGNATURE AND TYPED OF PRINTED NAME OF TRINING OFFICER OR DIRECTOR