2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 08:00 AM Secretary of State

1. Entity Nar	MENT # F14639 L. O'NEAL, P.A.			Secretary of State
150 153RD STE 203	e of Business AVENUE EACH, FL 33708	Mailing Address 150 153RD AVENUE STE 203 MADEIRA BEACH, FL 33708		
C	OO NOT WRITE 5. Name and Address of Current R		CE	02232005 No Chg-P CR2E034 (10/03) 4. FEI Number
O'NEAL, ROCK 150 153RD AVENUE STE 203 MADEIRA BEACH, FL 33708 DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent at applicable (NOTE, Registered Agent styreture required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				
	ay 1, 2005 Fee will be \$550.00		LI Adde	jeu to rees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD O'NEAL, ROCK 150 153RD AVE STE 203 MADEIRA BEACH, FL 33708	RECTORS		U00000281813 03/31/05-80017-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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 files ampowered.				