## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 17, 2005 08:00 AM Secretary of State

Daytime Phone #

DOCU 1. Entity Nam KEY MAF		<u> </u>			Sec	retary of State
Principal Plac 3010 SE MO STUART, FL		Mailing Address 3010 SE MONROE ST STUART, FL 34997 US				1831 #1817 81711 8787 81877 81711087 7 1887
С	O NOT WRITE  5. Name and Address of Current R	CE	01182005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For S9-2096812 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required			
STEPHAN, ERNEST 3010 SE MONROE ST STUART, FL 34997			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 Typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required with reinstating)  Output						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHAN, KEN 3010 SE MONROE ST STUART, FL	RECTORS			Hoopeas	oceoot
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEPHAN, CHRISTA 3010 SE MONROE ST STUART, FL	 			03/17/05-8	265987 20012-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WI	ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN I	THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 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 like empowered.						