## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 20, 2005 8:00 am Secretary of State 01-20-2005 90026 018 \*\*\*150.00

DOCUMENT # F57327  1. Entity Name FLORIDA TRAILS, INC.				01-20-2005	90026 018	***150	.00
Principal Place of Business 130 MADRID DRIVE SEBRING, FL 33876 US	Mailing Address 130 MADRID DRIVE SEBRING, FL 33876 US		40003556				
2. Principal Place of Business	3. Mailing Address	*****					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01042005	Chg-P	CR2E034	(10/03)	
City & State	City & State		4. FEI Number 59-214:			_	plied For t Applicable
Zip Country  5. Name and Address of Current		ountry. —		of Status Desired	Fe	<b>3.75</b> Add e Required	
ABLES, CLIFFORD M III 551 S COMMERCE STREET SEBRING, FL 33870		City	(P.O. Box Numbe		FL	Zip Code	
B. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent of the printed name of the printed of	and trile of applicable. (NOTE: Regi	stered Agent signature requir	ed when reinstating)  5.00 May Be	h. in the State of F	DATE	niliar with,	and accept
After May 1, 2005 Fee will be \$550.0			Ided to Fees	OLIANIOED TO OF			
10.	☐ Delete	STREET ADDRESS 1 (		Street	Σ	IRECTORS  Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		an . sumber		] Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ľ	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	] Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with indicated on this report or supplemental report is		TITLE NAME STREET ADDRESS CITY-ST-ZIP exemption stated in S	Section 119 07/39/	). Florida Statutes		Change	Addition

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 empewered 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.

SIGNATURE: \_

Brian Annett

1/18/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #