2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 07, 2005 08:00 AM Secretary of State

813 229-2667

ANNOAL REPORT				Secretary of State
1. Entity Nar	MENT # F72721 ne N L. HARRIS, P.A.			Secretary of State
Principal Place of Business Mailing Address				
304 S. FIELDING AVE. 304 S. FIELDING AVE.				
TAMPA, FL 33606 TAMPA, FL 33606			•	
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				02022005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPAC			4. FEI Number Applied For	
				59-2194809 Not Applicable
				5. Certificate of Status Desired \$8.75 Additional
				Fee Required
6. Name and Address of Current Registered Agent				
HARRIS, WARREN L				DO NOT WRITE
304 S. FIELDING AVE.			\	DO NOT WHITE
TAMPA, FL 33606				IN THIS SPACE
				III TIIIO OI AOL
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 applicable (NOTE, Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				.00 May Be ed to Fees
10.	OFFICERS AND DIF	RECTORS		
TITLE	DP		1	
NAME	HARRIS, WARREN L 304 SOUTH FIELDING AVE		<u> </u>	- ·
STREET ADDRESS CITY-ST-ZIP	TAMPA, FL		1	
TITLE	True 75 C			
NAME			1	U00000216873
STREET ADDRESS				U00000216873 02/07/05-80002-008 150.00
City-St-ZIP			=	
TITLE			1	
NAME			1	
STREET ADDRESS			ł	DO NOT WRITE
CITY-ST-ZIP		<u> </u>		
TITLE				IN THIS SPACE
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NAME			I	
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CITY-ST-ZIP				
12. I hereby o	certify that the information supplied with this	sfiling does not qualify for the exer	nption stated in Sec	
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 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.				
changed, or on an attachment with an address, with all other like empowered.				