2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 08:00 AM Secretary of State

ANNOAL REPORT					Converteurs of C4040			
1. Entity Nam	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				Sec	retary of Stat	e	
Principal Place 17610 US Hi LUTZ, FL 33	IGHWAY 41 NORTH	Aaifing Address 17610 US HIGHWAY 41 NORTH LUTZ, FL 33549						
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DO NOT WRITE IN THIS SPAC			CE	4. FEI Numb 59-218	er	Applied For Not Applied \$8.75 Not Applied For Other Proposed Propose		
	6. Name and Address of Current Regi	stered Agent		1		442200000		
POPE, PAUL E., JR. 1411 POPE PLACE LUTZ, FL 33549			DO NOT WRITE IN THIS SPACE					
8. The above	named entity submits this statement for the	purpose of changing its registere	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am familiar with, and acce		
the obligat	ions of registered agent.		-	•				
SIGNATURE_	Signature typed or printed name of registered agent and title	.i.anniicabie :NOTE Recusterer	Agent signature required	when reinstation		DATE		
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FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Section Campaign Finan Trust Fund Contribution.		.00 טטענטטט 0000000	02/28/05-	80052-007 150.00		
10.	OFFICERS AND DIRE	CTORS				-		
NAME STREET ADDRESS CITY-ST-UP	P POPE, PAUL E JR 1411 POPE PLACE LUTZ, FL 33549							
HTLE NAME SIREET ADDRESS CHY-SI-ZIP	V POPE, PAUL SR 1409 POPE PLACE LUTZ, FL 33549							
TITLE NAME STRLET ADDRESS CITY+ST-ZIP	S POPE, LOUISE M 1409 POPE PLACE LUTZ, FL 33549	DO NOT WRITE IN THIS SPACE						
HILE NAME SIRELI ADDRESS CHY-SI-ZIP	T POPE, PAUL E JR 1411 POPE PLACE LUTZ, FL 33549							
INTLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME SIRELT ADDRESS CITY-ST-ZIP								

12. Thereby 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.

2-23-05

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARG OF THE OR DIRECTOR