2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 8:00 am Secretary of State

Principal Place of Business 5154 SANTA ROSA CT CAPE CORAL, FL 33904 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. O1062005 Chg-P CR2E034 (10/03) City & State City & State City & State 4. FEI Number 59-2216286 Mon Applicable Zip Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name SLIVKA, MICHAEL C 5154 SANTA ROSA CT CAPE CORAL, FL 33904 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered offlice or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE SQNAVE, typed or printed rams of registered agent and the lampikable. PATE PRILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will! be \$550.00 P. Elaction Campaign Financing Trust Fund Contribution. Delte INLE NAME SLIVKA, MARK SIEET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 RMIE SLIVKA, MARK SIEET ADDRESS
5154 SANTA ROSA CT CAPE CORAL, FL 33904 2. Principal Place of Business Suite. Apt. #. etc. Suite. Apt. #. etc. Suite. Apt. #. etc. City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Requisional Fee Requisional Fee Requisional Fee Requisional Fee Reputies SLINKA, MICHAEL C 5154 SANTA ROSA CT CAPE CORAL, FL 33904 Street Address of New Registered Agent City Street Address of P.C. Box Number is Not Acceptable) City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SCIENTAL ROSA CT CAPE CORAL, FL 33904 PL Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SCIENTAL ROSA CT CAPE CORAL, FL 33904 PL Street Address (P.C. Box Number is Not Acceptable) DATE Title NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 PL Street Address (P.C. Box Number is Noth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. PAGE STREET Address (P.C. Box Number is Noth Acceptable) City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) DATE Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MME SLIVKA, MARK
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2216286 Applied For Net Applied For N
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1062005 Chg-P CR2E034 (10/03) City & State City & State City & State City & State Country Country Country Country S. Certificate of Status Desired Status Desi
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1062005 Chg-P CR2E034 (10/03) City & State City & State City & State City & State Country Country Country Country S. Certificate of Status Desired Status Desi
City & State Country Country Country Country Country S. Certificate of Status Desired Agent Status Desired Agent
Sp-2216286 Not Applicable
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLIVKA, MICHAEL C 5154 SANTA ROSA CT CAPE CORAL, FL 33904 City FL Zip Code 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 tide il applicable. (NOTE: Registered Agent signature required when remissions) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VD Delete Required Addition NAME
SLIVKA, MICHAEL C 5154 SANTA ROSA CT CAPE CORAL, FL 33904 City FL Zip Code 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 Fiorida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VD SLIVKA, MARK
SLIVKA, MICHAEL C 5154 SANTA ROSA CT CAPE CORAL, FL 33904 City FL Zip Code 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 remaining) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VD NAME VD SLIVKA, MARK
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 tide if applicable. (NOTE: Registered Agent signature required when remstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE VD SLIVKA, MARK Delete ITILE NAME
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 tide if applicable. (NOTE: Registered Agent signature required when renstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VD SLIVKA, MARK Delete Itile NAME NAME
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VD SLIVKA, MARK Delete TIBLE Change Addition Addition
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE VD SLIVKA, MARK Delete Itilit NAME NAME NAME Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) Part
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VD Delete IIILE Change Addition NAME SLIVKA, MARK
TITLE VD Delete TITLE Change Addition NAME SLIVKA, MARK NAME Change Addition
NAME SLIVKA, MARK NAME
STILLET MODILESS
CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP
TITLE SDV Delete TITLE Change Addition
NAME SLIVKA, TERRI L NAME
STREET ADDRESS 5154 SANTA ROSA CT STREET ADDRESS
CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP
TITLE □ Delete □ TITLE □ PD □ Change ☑ Addition NAME □ Cliving Minhoral C
STREET ADDRESS STIVKA, MICHAEL C
ciry-si-zip
TITLE Delete TITLE Cape Coral, FL 33904 Change Addition
NAME . NAME
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
WILE Delete TITLE Change Addition
WILE Delete TITLE Change Addition NAME NAME
WILE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS
HTLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE NAME NAME NAME NAME NAME NAME NAME NAM
NAME

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. Flurther 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05 Date

Daytime Phone #