2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2005 8:00 am Secretary of State

,					_ Secretary	y ui State	
DOCUMENT # F9800000535 1. Entity Name: 31							
Principal Pla	ice of Business	Mailing Address ?		v. 124			
305 DELTO	NA RIVO	141 MAIN STREET	•	est of the			
DELTONA, FL 32725-8069 C/O KLINE & CO CPA PC			C		- (4 (004043	
- NASHUA, NH 03060-22					· .		
ļ		•		•		(1 . 1 41). 14 1). 141) . 1411 (141). 1411).	11111
2. Principal Place of Business 3. Mailing Address 3. Mailing Address							
Suite, Apt		Suite, Apt. #, etc.		* **	01122005 Chg-P	CR2E034 (10/03)	
City & State City & State City & State			, , , , , , , , , , , , , , , , , , ,		4. FEI Number 04-3172285	Applie Not As	ed For oplicable
Zip 3272	2S. Country Zip		Count	try .	5. Certificate of Status Desired \$8.75 Additional Fee Required		nal
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New F	egistered Agent	
]				Name			
	AWERENCE		ļ	<u>sm</u>	ITH, LAWRENCE	<u>. w</u>	
505 DELTONA BLVD UNIT 105				Street Address	s (P.O. Box Number is Not Acceptable) <u> </u>	
DELTONA	A, FL 32725		ŀ	0 ~ 0	HEMLOCK CIRC	.ce	
	•			City		FL Zip Code	
O The align	7. 1879 A V San Y Sta	the second of the second of the		DECT	TONA, FL		<u> </u>
the above	e named entity submits this statement for the interest of registerest sent.	ine purpose of changing its	registere	d office or regist	tered agent, or both, in the State of Fig	orida. I am familiar with, and	accept
,	The second second		!	F 1 T 1 T 1		1.21 -	
SIGNATURE / ASVILLAGE W houth							
Signature, typeDox printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 9: Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN	11
TITLE	PD		TITLE		S/D	Change -	Addition
NAME	SMITH, LAWRENCE C		NAME		TITH, LAWRENCE Y	ა <i></i>	
STREET ADDRESS	305 DELTONA BLVD UNIT 105			TADORESS 822	18 HÉMLOCK CIRC	LE	
CITY-SI-ZIP	DELTONA, FL 32725	for the State of t	CITY-	ST-ZIP De	ELTONA FL 327	_کد_	
TITLE	VD	☐ Delete	TOLÉ			Change .	Addition
NAME	GREGG, GEORGE		NAME		2 .		
STREET ADDRESS	10 NORTHERN BOULEVARD, UN	IT #12	STREE	T ADDRESS			
CITY-ST-ZIP	AMHERST, NH 03031		CITY-	\$T · ZIP			
TITLE	VD	☐ Delete	TITLE	VI	D	Change 🗆	Addition
NAME	SMITH, CHARLES M		NAME	Sm	TITH, CHARLES M	•	
STREET ADDRESS	505 DELTONA BLVD UNIT 105		STREE	T ADDRESS 🥱 🗀	28 Hemwak CIR	CLE	
CITY-ST-ZIP	DELTONA, FL 327258069		CiTY - S	ST-ZIP DE	ELTONA FL 327:	25	
TITLE	S	Delete	TITLE				Addition
NAME	FARKAS, STEPHEN		NAME		ري مياندي اي بيسينيت ي رسيد وسيد		i .
STREET ADDRESS	150 WESTFORD ROAD		STREET	ADDRESS	·		
CITY-ST-ZIP	TYNGSBORO, MA 01879		CITY+S	ST-ZIP **			
TITLE	S	🔀 Delete	TITLE			☐ Change ☐	Addition
NAME	SMITH, LAWRENCE W	•	NAME	1			
STREET ADDRESS	505 DELTONA BLVD UNIT 105			ADDRESS			ļ
CITY-SI-ZIP	DELTONA, FL 327258069	·	CITY-S	T-ZIP			
TITLE	,	· Delete	TITLE	j		☐ Change ☐	Addition
NAME CTREET APPROACES	l	, ,	NAME	'			
STREET ADDRESS	process	• •	•	ADDRESS			}
CITY-ST-ZIP			CITY-S	1 1			
12. Thereby o	ertify that the information supplied with the	Is filling does not qualify for t	he exem	ption stated in Si	ection 119.07(3)(i), Florida Statutes. I	urther certify that the inform	ation
of the corp	on.this report or supplemental report is tru poration or the receiver or trustee of power or on an attachment with an authors, with	red to execute this report a	r signatui s require	re snall have the d by Chapter 60	same legal effect as if made under or 7, Florida Statutes; and that my name	th; that I am an officer or dir	rector
changed, יי	or on an attachment with an artifess, with	all other like empowered.	11.	医水平性侧	talle and macing raine	-whoma is proof to or BIDG	m +10
SIGNAT		new 1 - 2	4		.1	1.0	j
JIGITA!		TED NAME OF SIGNING OFFICER OF	DIRECTOS		<i></i>	100	}
	2.00			ئـــــــ	Qale /	Daytime Phone #	