Apr 15, 2005 8:00 am Secretary of State 04-15-2005 90064 017 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT					
DOCUMENT-# F99000003935				40057082	
Principal Place of Business 535 NORTH 4TH STREET HIGHLANDS, NC 28741		Mailing Address P.O. BOX 2523 HIGHLANDS, NC 28741		ין איז	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc,		04132005 Chg-P	CR2E034 (10/03)
City & State		City & State		4. FEI Number 58-2460624	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New	Registered Agent
GREEN, RICHARD W 239 POINCIANA DRIVE SUPPTER, FL 33458 130 40, in class OF the 130 40, in class OF the					
ļ	Jupiter,	FC 33458	City		FL Zip Code
SIGNATURE. FIL After M 10, TITLE NAME STREET ADDRESS	ions of registered agent. Signature, typed or printed name of registered agent e E NOWIII FEE IS \$150,00 ay 1, 2005 Fee will be \$550.0 OFFICERS AND I CPT WARD, MYLES G 3911 BACK BAY DR #224 WORTED FIL 2015	9. Election Campaig Trust Fund Contril	bution. Ac	5.00 May Be Ided to Fees	FICERS AND DIRECTORS IN 11
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JUPITER, FL 33477 VCVS GREEN, RICHARD W 239 POINCIANA-DRIVE JUPIT <u>ER, FL 3345</u> 8	Delete		130 Poincisius L Tupiter, PL 33	
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 🚺 Addition :
TITLE NAME STREET ADDRESS CITY- ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change CAddition
TITLE NAME STREET ADDRESS City - St - Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change C Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 110 07/24/1 Elevide Cont	Change Addition
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 extrustee 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 all address, with all other like empowered.					
SIGNATURE:					