


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # G15954 1. Entity Name 6/10 CORPORATION	
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Principal Place of Business P O BOX 7378 SUITE 310 WINTER HAVEN, FL 33883	Mailing Address P O BOX 7378 SUITE 310 WINTER HAVEN, FL 33883
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03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2244598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRANG, CARL J III
519 AVE. B, NW
WINTER HAVEN, FL 33882

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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRANG, CARL J III 519 AVE. B., NW WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB STRANG, CARL J JR D1050 W LAKE OTIS DR WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, KERRY PO BOX 7608 NA WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOGDHN, JOSEPH PO BOX 7378 NA WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/05-80068-012 158.75

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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.

SIGNATURE:  3/17/05 813 299/191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #