2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Jan 13, 2005 08:00 AM Secretary of State

ANNUAL REPORT				C4 CC4			
1. Entity Nam	MENT # G37354 and higby, chartered				3	ecretary of Sta	
Principal Place of Business Mailing Address % ROWLETT W. BRYANT % ROWLETT W. BRYANT 833 HARRISON AVENUE 833 HARRISON AVENUE PAÑAMA CITY, FL 32401 PANAMA CITY, FL 32401							
DO NOT WRITE IN THIS SPACE			CE	01102005 No Chg-P CR2E034 (10/03) 4. FEI Number			
6. Name and Address of Current Registered Agent BRYANT, ROWLETT W. 833 HARRISON AVENUE PANAMA CITY, FL 32401				IN 7	NOT W	ACE	
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 reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT PDS BRYANT, ROWLETT W. 833 HARRISON AVENUE PANAMA CITY, FL	TORS		-	U00 01/13/	000179303 05-80012-024 150.00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DO NOT WRITE IN THIS SPACE					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							
NAME STREET ADDRESS CITY - ST-ZIP 12. I hereby indicated of the col	certify that the information supplied with this fi I on this report or supplemental report is true- rporation or the receiver or trustee empowere , or on an attachment with an address, with ai	iling does not qualify for the exe and accurate and that my signa d to execute this report as requi Il other like empowered	imption stated in Se lure shall have the ired by Chapter 60.	ection 119.07(3) same legal effec 7, Florida Statute	(i), Florida Slatutes. I ct as if made under o es; and that my name	further certify that the information . auth, that I am an officer or director appears in Block 10 or Block 11 if	

TO THE OR DIRECTOR

January 11,2005

850/763-1787 Daylime Phone #