2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL F	EPORT (AF	<u>{})                                    </u>		_ FIL	ED	
DOCU 1. Entity Nar	MENT # H59982	•	-		Apr 30, 200 Secretar	05 08:00 <i>A</i> y of State	M
PRK, INC	<b>),</b>					y or searce	
Principal Plac	ce of Business	Mailing Address		<u> </u>			
4183 PLAYER CIR		4183 PLAYER CIR					
ORLANDO	FL 32808	ORLANDO FL 32808			 	dili Rivi Bivi bivi dili Kili Rivi d	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE	CR2E034 (10/04)		
City & State		City & State		4. FEI Number 59-2534034	·	oplied For	
Ζιρ	Country	Zip	Coun	try	5. Certificate of Status Desired	\$8.75 Ad	iditional
	6. Name and Address of Current	Registered Agent	اــــــا	<del> </del>	7. Name and Address of New Re		-u
-				Name			
MATTS, DONALD G. 4183 PLAYER CIR				Street Address (	P O. Box Number is Not Acceptable	<del>,</del> .	
ORI	_ANDO FL 32808						•
				City		FL Zip Coo	 de
	named entity submits this statement factions of registered agent.	or the purpose of changing it	s registere	ed office or register	ed agent, or both, in the State of Flor	ida I am familiar with	and accept
SIGNATURE			·			·	
	Signature, typed or printed name of registered agen	and life if applicable (NO	TE Registered	d Agent signature required	when reinstating)	DATE	· 
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department o				9. Election Campa Trust Fund Cont		.00 May Bo ded to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN TI
THE	SD	☐ Delete	7(1) 6			☐ Change	Additio
NAME	MATTS, DONALD G.		MAM	1	HOOOOGE	raeg	
STREET ADDRESS CITY+ST-ZIP	4183 PLAYER CIRCLE ORLANDO FL			FT ADDRESS - ST-71P	05/02/05-80	7968 [26-008 150.(	70
THE	PD	☐ Delete	mr			Change	Admit.
NAME STREET ADDRESS	BOCCUZZO, MARGARET R.		NAM	i			
STREET ADDRESS CITY+ST-ZIP	4183 PLAYER CIR ORLANDO FL			ET ADURESS ST-ZIP			
TITLE	OILEANDO I E	☐ Delete	UDE			Change	Andiin
NAME		in Delete	NAME			□ cualde	
STREET ADDRESS			STREI	FT ADDRESS			
CITY ST-ZIP			CitA	ST-ZIP			
THRE		☐ Delete	TITLE			☐ Change	Addition
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CITY - ST - ZIP				SI-ZIP			
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NAME			NAME				
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CITY ST ZIP				ST-ZIP	<del></del>		
TITEF		Delete	[[f(f			Change	☐ AAABa
NAME SUREEL ADDRESS			NAME STREE	T ADDRESS			
CITY ST-7IP				SI-ZIF			
12. I hereby	certify that the information supplied with	n this filing does not qualify to	or the exer	notion stated in Se	ction 119.07(3)(i), Florida Statutes. I	further certify that the	information
indicated of the cor changed	on this report or supplemental report i rporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that owered to execute this repor with all other like empowered	my signati t as requir i.	ure shall have the s ed by Chapter 607	same legal effect as if made under or , Florida Statutes, and that my name	ath; that I am an office appears in Block 10 c	r or director or Block 11

SIGNATURE: \_

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BU

of Signing Officer or Director

4/28/05

407/299-8388

Pate Daytime Phone #