2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Feb 26, 2005 08:00 AM Secretary of State

Daytime Phone #

Secretary of State Secretary of Secretary Secretary Secretary of Secretary Secretary Secretary of Secretary Secretary of Secretary		AIMOAL	ILLI OILI		Teb 20, 2005 08:00 A	
145 SE 441 OKECHOBEE, FL 34972 DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Agent SP2774728 1. Not Applicable SP2774728 1. Not Chip P. P. CR2634 (19038) SP2774728 1. Not Chip P. CR2634 (19038) SP2774728 SP277428 1. Not Chip P. CR2634 (19038) SP2774728 SP277428	1. Entity Nar	me			Secretary of State	
DO NOT WRITE IN THIS SPACE 17242005 No City P CR25034 (10/03) A-FEL Number SP-2774728 A-FEL Number SP-277478	Principal Pla	ce of Business	Mailing Address		· ·	
DO NOT WRITE IN THIS SPACE 1/24/2005 No. Crig.P. CR26/34 (10/03)				a.	-	
DO NOT WRITE IN THIS SPACE A_FEN Number S9-2774729 Applied For S9-2774729 S-8.75 Additional Fee Required C_N Name and Address of Current Registered Agent	OKEECHOBE	EE, FL 34972_	OKEECHOBEE, FL 34972			
DO NOT WRITE IN THIS SPACE 4. Fill Number 59-2774728 Applied for 184 Applie			<u> </u>	<u>- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
DO NOT WRITE IN THIS SPACE 4. Fill Number 59-2774728 Applied for 184 Applie						
S. Confidence of Status Desired S. Confidence of Status Desired S. Confidence of Status Desired S. Satura Desired S. Satura Desired S. Satura Desired S. Confidence of Status Desired Desired Status Desired Desired Status Desired	<u> </u>	DO MOT MOTE IN THE OFFICE			01242005 No Chg-P CR2E034 (10/03)	
S. Certificate of Status Desirod S. Sart S Additional Fee Required S. Name and Address of Current Registered Agent KELLY, BETTY J 443 SE HWY 441 OKEECHOBEE, FL 34972 DO NOT WRITE IN THIS SPACE 8. The above named entity submits this atalement for the purpose of changing its registered either or registered agent, or both, in the State of Florida, J am familiar with, and accept the originations of registering agent and that specifies the originations of registering agent and that specifies the originations of the purpose of changing its registered either or registered agent, or both, in the State of Florida, J am familiar with, and accept the originations of registering agent, or both, in the State of Florida, J am familiar with, and accept the origination of registering agent, or both, in the State of Florida, J am familiar with, and accept the origination of registering agent, or both, in the State of Florida, J am familiar with, and accept the origination registering agent, or both, in the State of Florida, J am familiar with, and accept the origination registering agent, or both, in the State of Florida, J am familiar with, and accept the origination registering agent, or both, in the State of Florida, J am familiar with, and accept the origination registering agent, or both, in the State of Florida, J am familiar with, and accept the origination registering agent, or both, in the State of Florida, J am familiar with, and accept the State of Florida, J am familiar with, and accept the State of Florida, J am familiar with, and accept the State of Florida, J am familiar with, and accept the State of Florida, J am familiar with, and accept the State of Florida, J am familiar with, and accept the State of Florida, J am familiar with, and accept the State of Florida, J am familiar with, and accept the State of Florida, J am familiar with, and accept the State of Florida, J am familiar with, and accept the State of Florida, J am familiar with, and accept the State of Florida, J am familiar with, and accept the	DO NOT WRITE IN THIS SPACE			CE	4. FEI Number Applied For	
S. Name and Address of Current Registered Agent KELLY, BETTY J 145 SE HWY 441 OKEECHOBEE, FL 34972 B. The above named critin submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the outpigations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS THE OKEECHOBEE, FL 34972 DO NOT WRITE INTERDITIE 44 741 OKEECHOBEE, FL 34972 DO NOT WRITE INTERDITIE 44 741 OKEECHOBEE, FL 34972 DO NOT WRITE INTERDITIE 44 741 OKEECHOBEE, FL 34972 DO NOT WRITE INTERDITIE 45 SE HWY. 441 OKEECHOBEE, FL 34972 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE THE IN THIS SPACE THIS					59-2774729 Not Applicable	
S. Name and Address of Current Registered Agent KELLY, BETTY J 14S SE HWY 441 OKEECHOBEE, FL 34972 DO NOT WRITE IN THIS SPACE 8. The above named critily submits this statement for the purpose of changing to registered agent, or both, in the State of Forida. Tam familiar with, and accept the outgaintness of registered agent. SIGNATURE By State of Professional State of Forida. Tam familiar with, and accept the outgaintness of registered agent. FILE NOW!!! FEE IS \$150.00 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTOR						
DO NOT WRITE IN THIS SPACE 8. The above named only 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, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 PRECEDED TO OFFICERS AND DIFFECTORS OFFICERS AND DIFFECTORS OFFICERS AND DIFFECTORS DO NOT WRITE THE NAME SIRET RORRES ON'S 1-2P THE NAME	ļ	6. Name and Address of Current R	enistered Agent		Fee Required	
145 SE HWY 441 OKEECHOBEE, FL 34972 8. The above named only subtrits his statement for the purpose of changing its registered agent, or both. In the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 0. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TRUE Fund Contribution. RELLY, BETTY J STEET AGERSS OTT-51-2P TILE NAME STREET AGERSS OTT-51-2P	ļ	s. Hand and Address of Carrett N	egistered Agent	-{		
OKEECHOBEE, FL 34972 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or rigilatered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE				}	DO NOT WRITE	
SCINATURE SQUARE And or petition his statement for the purpose of changing its registered affect or registered agent, or both. In the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE SQUARE And or petition his graphiced spen und for it sociolable. (INTE Repaired Agents produce required when nonlating parties agent and parties agents produce agent age				DO NOT WHITE		
S. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the outgations of registered agent, or both. In the State of Florida. I am familiar with, and accept the outgations of registered agent, or both. In the State of Florida. I am familiar with, and accept the outgations of registered agent, or both. In the State of Florida. I am familiar with, and accept the outgations of registered agent, or both. In the State of Florida. I am familiar with, and accept the outgations of registered agent, or both. In the State of Florida. I am familiar with, and accept the outgations of registered agent, or both. In the State of Florida. I am familiar with, and accept the outgations of registered agent, or both. In the State of Florida. I am familiar with, and accept the outgations of Florida. I am familiar with, and accept the familiar with, and accept the familiar with a familiar with a familiar with a familiar with a familiar with, and accept the familiar with a fami	OKEECHO	JBEE, FL 349/2			IN THIS SPACE	
The pulsations of registered agent. SIGNATURE Signature Signature young primals night of inquisered super and life it speciable (NOTE Registered Agents signature marked when neutration) DATE				1		
The pulsations of registered agent. SIGNATURE Signature Signature young primals night of inquisered super and life it speciable (NOTE Registered Agents signature marked when neutration) DATE			<u></u>			
SIGNATURE Stylature typed or primited relative transplanted agent and fine it sociotable (NOTE Regulative Agets soreture required into a control and the relation of the control and the control and the relation of the control and the relation of the control and the relation of the control and the	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					
Sometimes by the formation is great and take it aspectable Sometimes by the formation is greated by the formation is greated by the formation in the formation is greated by the formation and the corporation of the corporation of the scene proposed by the construction is greated by the formation and the formation and the corporation of the scene proposed by the construction is greated by the formation is greated by the formation and the formation is greated by the formation and the formation is greated by the formation in the formation and the formation is greated by the formation in the formation and the formation is greated by the formation in the formation in the formation is greated by the formation in the formation in the formation is greated by the formation in the formation in the formation is greated by the formation in the formation in the f	the colligations of registered agent.					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. OR KELLY, BETTY J TREAT MARKE KELLY, BETTY J TALE OKEECHOBEE, FL 34972 TITLE NAME STRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITL	SIGNATURE X					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS						
TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-S	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing\$5.00 May Be 02/26/05-80032-010 158.75					
MAINE STREET ADDRESS CITY-ST-ZIP OKEECHOGEE, FL 34972 TILE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE INTE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE IN THIS SPACE OTY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP INLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby contriv that the information supplied with this filing does not quarily for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information of the corporation or the scoperation of the scoperation or the scoperation or the scoperation or the scoperation or the scoperation and fine or place to scope the have the same legal effect as if made under oath, that I am an officer or direct of the corporation or the scoperation or the scoperation or the scoperation and the scoperation of the scoperation or the scoperation and the scoperation of the scoperation or the scoperation and the scoperation of the scoperation and the scoperation of the s	10.		RECTORS			
STREET ADDRESS OTY-ST-ZP ONEECHOBEE, FL 34972 TITLE NAME STREET ADDRESS OTY-ST-ZP T]		
CITY-ST-ZIP OKEECHOBEE, FL 34972 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME TITLE MAME TITLE MAME TITLE MAME TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE MAME TITLE TIT		l ''		ł		
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE				ì	•	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		OREEOHOBEE, E 343/2		-{		
STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT				ſ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM					(
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I nereby 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 may signature shall have the same legal effect as if made under oath, that I am an officer of the vice-very or trustee emprovered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 11 of Ridrect 11 if	CITY-ST-ZIP			l		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I nereby 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 efficer or division of the receivery or trustee ampowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or 8 lines 11 if	TITLE			1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	NAME					
IN THIS SPACE INTEREST ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(i). Florida Statutes. I further certify that the information indicated on this roport 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 itsuse empowered to execute this report as required by Chaptler 607. Florida Statutes, and that my name appears in Block 11 of 18 for 10 or 18 for 18 fo				Į.	DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 11. I nereby 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 stipplemental 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 difference 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 8 Block 10 or 8 Block 11 or 8 Block 10 or 8 Block 10 or 8 Block 10 or 8 Block 10 or 8 Block 11 or 8 Block 10 or 8	CITY-ST-ZIP				DO NOT WHILE	
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental report is free 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 omnowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 17 if	l l			Į.	IN THIS SPACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 frue and accurrate 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 for Statutes. In the name appears in Block for Statutes and that my name appears in Block for Statutes.					0.7.02	
TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 frue and accurrate 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 omnowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 11 if				ł	-	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 frue 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 11 if	TITLE		<u></u>	1		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 frue 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 11 if	í			1		
ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 frue 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 11 if				l		
NAME STREET ADDRESS CITY-ST-ZIP 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 frue 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	CITY-ST-ZIP			1		
STREET ADDRESS CITY-ST-ZIP 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	TITLE			1		
ciry-st-zip 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 11 if	NAME			1		
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 11 if				1		
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.	<u></u>		<u></u>	<u> </u>		

PEDOR MINTED, MAME OF SIGNING OFFICER OR DIRECTOR