2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2005 08:00 AM Secretary of State

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### PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$\$50.00 A. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. B. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. B. 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 the obligations of registered agent. B. 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 the obligations of registered agent. B. 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 the obligations of registered agent. B. 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 the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. B. 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 the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. I am familiar with the obligations o	1. Entity Name					Secretary (of State
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5. Certificate of Status Desired M \$8.75 Ad Fee Require 6. Name and Address of Current Registered Agent RIHS, DOMINIQUE 5131 SUNBURY COURT NAPLES, FL 34104 DO NOT WRITE IN THIS SPACE 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 the obligations of registered agent and also if applicable. SIGNATURE SUNDATURE SUNDATURE SUPPLIES \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. DATE PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. DATE CPT MUELLER, JOHN S, SIRET ADDRESS SIRET ADDRESS OUTY-ST-2P NAPLES, FL 34109 DV NAPLES, FL 34109 DV NAPLES, FL 34109 DV NAPLES, FL 34109 DV SOKOLOFF, MARK A, SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR OUTY-ST-2P PORT HURON, MI 48060 THUS, SAN E SIRET ADDRESS SIRET ADDRESS SUN'-ST-2P PORT HURON, MI 48060 THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR OUTY-ST-2P FORT HURON, MI 48060 THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCHIGAN ST., 2ND FLOOR THOITS, ANN E SIRET ADDRESS SUCH ADDRESS SUCH ST. AND SUCH ADDRESS SUCH ADDRESS SUCH ADDRESS SUCH ST. AND SUCH ADDRESS SUCH ADRESS SUCH ADDRESS SUCH ADRESS SUCH ADDRESS SUCH ADRESS SUCH ADDRE	DO	O NOT WRITE	IN THIS SPA	CE			Applied For
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SIGNATURE Synature, pued or privided name of registered agent and title if applicable. NOTE Registered Agent signature required when reintability) DATE		6. Name and Address of Corrent Re	gistared Agent				
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NAME STREET ADDRESS CITY - ST-ZIP	NAME STREET AODRESS CITY-ST-ZIP						The Thomas County and the county of the coun

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 or the impowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05

(239) 566-8700

Date Daylime Phone ≠