2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

Principal Place of Business Mailing Address 5701 FT. DENAUD RD. ALVA, FL 33920 US Principal Place of Business ALVA, FL 33920 US Principal Place of Business ALVA, FL 33920 US ARITING Address P.O. Box 2357 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Street Address of New Registered Agent Name PAUL, BRYAN W. 5701 FT. DENAUD RD. P.O. Box 2357 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)
5701 FT. DENAUD RD. ALVA, FL 33920 US HIGHWAY 78-A P.O. BOX 2357 LABELLE, FL 33935-5144 2. Principal Place of Business 3. Mailing Address P.O. Box 2357 Suite, Apt. #, etc. O4012005 Chg-P CR2E034 (10/03) City & State City & State Labelle, FL Zip Country Zip Again Tabelle, FL Suite, Apt. #, etc. Country Signature Country Tip Again Tourisition of Status Desired
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City & State City & State Labelle, FL Sp-2822137 Country Zip Country Zip 33975 Country 5. Certificate of Status Desired Fee Required Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)
Labelle, FL 59-2822137 Not A Zip Country Zip S3975 Country 5. Certificate of Status Desired See Required 6. Name and Address of Current Registered Agent Name PAUL, BRYAN W. 5701 FT. DENAUD RD. Street Address (P.O. Box Number is Not Acceptable)
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6. Name and Address of Current Registered Agent PAUL, BRYAN W. 5701 FT. DENAUD RD. Street Address (P.O. Box Number is Not Acceptable)
PAUL, BRYAN W. 5701 FT. DENAUD RD. Name Street Address (P.O. Box Number is Not Acceptable)
PAUL, BRYAN W. 5701 FT. DENAUD RD. Street Address (P.O. Box Number is Not Acceptable)
LABELLE, FL 33975 City FL Zip Code
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 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 \$5.00 May Be Trust Fund Contribution.
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II
TITLE PVTS Delete TITLE Change Delete NAME PAUL, BRYAN W.
STREET ADDRESS 5701 FT. DENAUD RD (PO BOX 2357) STREET ADDRESS
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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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNAZORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Defete

Bryan W. Paul 4/1/05

863-675-4410

Date

Daytime Phone #

☐ Change

☐ Addition