2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

561-278-0203

1. Entity Nam	MENT # J94799 UICK PRINTING & COPY CENT		Secretary of State				
181 SE 5TH	AVE ICH, FL 33483 US	ailing Address 181 SE 5TH AVE 181 SE 5TH AVENUE DELRAY BEACH, FL 33483	US	 	: 3 731/1 1237/2 1277/3 (877)	US WOODS DISKI DISKI WOOS AFASIOOCIC	I I
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C	OO NOT WRITE II	CE	## 04222005 No Chg-P CR2E034 (10/03) 4. FEI Number				
	6. Name and Address of Current Regis	stered Agent		· · · · · · · · · · · · · · · · · · ·	**************************************	7	-
HAYES, ROBERT W 181 SE 5TH AVE DELRAY BEACH, FL 33483			DO NOT WRITE IN THIS SPACE				
8. The above the obligat	named entify submits this statement for the plons of registered agent.	ourpose of changing its register	ed office or register	ed agent, or both, in	n the State of Florid	a. I am familiar with, and ac	cept:
SIGNATURE.	Signature, typed of printed name of registered agent and little	if applicable (NOTE Registere	d Agent signature required	when reinstating)	-,	DATE	- -
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing \$5.	00 May Be ad to Fees			
TITLE	OFFICERS AND DIRECT	CTORS			14 _ 11 _ 1		
NAME STREET ADDRESS CITY-ST-ZIP	HAYES, L. SUSAN 181 SE 5TH AVE DELRAY BEACH, FL 33483			 (U000003 14/29/05-8	43198 0086-008 150.00	j
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYES, ROBERT W. 181 SE 5TH AVE DELRAY BEACH, FL 33483		T	en Tour	·		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		-: +: +; ·			·	· -	
OF THE COL	pertify that the information supplied with this ti on this report or supplemental report is true a poration of the receiver of trustee empowere or on an attachment with an address, with all	a lo execute this report as requi	mption stated in Sectors shall have the street by Chapter 607	ction 119.07(3)(i), Fl ame legal effect as , Florida Statutes; as	orida Statutes, I fur if made under oath nd that my name a	ther certify that the Informat n; that I am an officer or dire opears in Block 10 or Block	ion otor 11 if

DON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE: