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FILED Apr 02, 2005 08:00 Secretary of Stat

CUMENT #	INUAL R J95113 RTIES INCORPO	PRATED	***			
incipal Place of Busines 38 MAIN STREET O. BOX 803 MINNEOLA FL 34755-		Mailing Addr	803 A FL 34755-0	803		
2. Principal Place of Bus Sulte, Apt. #, etc.	iness		ot. #, etc.			4. FEI Nu
City & State	Country	Zip		Count	TY	5. Certifi
Zip 6. N	ame and Address of C	Current Registered	Agent		Name Street Addre	ss (P.O. Box)
PARRISH 403 WAS MINNEO	STEPHEN WAY SHINGTON STRE LA FL 32755	(NE ET			City	Librard age!

y Name	TIES INCORPORATE)	16				The second section is a second
oal Place of Business MAIN STREET	M	ailing Address 08 MAIN STREET O. BOX 803 MINNEOLA FL 34755-080)3				
BOX 803 NEOLA FL 34755-080 Incipal Place of Busines	} 3	Mailing Address			1st MOORE	CR2E034 (10)	T Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc. City & State			4. FEI Number 59-284		Not Applicable .75 Additional .Required
City & State	Country	Zip	Country	1	5. Certificate of Status Des 7. Name and Address of		
Zip 6. Nam	e and Address of Current F	egistered Agent		Name Street Address	s (P.O. Box Number is Not Act	ceptable)	
PARRISH, S 403 WASHI MINNEOLA	TEPHEN WAYNE NGTON STREET FL 32755		•				Zip Code familiar with, and acco
			Its registe	ared Agent agnetive is	stered agent, or both, in the S		CHO T
TIEN.	OW!!! FEE IS \$150.00 I, 2005 Fee Will Be \$550	or and site if appears		,	ADDITIONS/CHAN	GES TO OFFICERS A	ND DIFFECTORS IN 1
Make Check Pays 10.	OFFICERS,	ND DIRECTORS	e	11. IIILE NAME STREE! ADDRESS CITY-SI-ZIP	04/	U00000285028 02/05-80028-	020 150.00
STHEET ADDRESS 403 CHY-ST-ZIP MIN	WASHINGTON ST.	Del	ete	TITLE NAME STREET ACCURESS			. Change
NAME STREET ADDRESS CITY ST-ZIP MI	RRISH, WILLIAM C 5 NO LAKE SHORE DRIV INNEOLA FL	E	elele	CHY-ST-ZIP HILE NAME STREET ADDREST	5		Givi.
1	ARRISH, MYRA N 05 NO LAKE SHORE DRI JINNEOLA FL	VE	Delete	TITLE			

STREET ADDRESS	PARRISH, WILLIAM C 105 NO LAKE SHORE DRIVE MINNEOLA FL Delete	HITE NAME
THILE NAME	D PARRISH, MYRA N 105 NO LAKE SHORE DRIVE	STREET ADDRESS OTV-ST-21P
STREET ADDRESS CHY-ST-LIP HILE NAME	MINNEOLA FL Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP
STREET ADDRES	E.J Oelen	TIFLE NAME STREET ADDRESS CHY-ST-ZIP
STREET ADDR CITY-ST-ZIF TITLE NAME	S Con	STREET ADDRESS
STREET AD CITY-SI 12. 1 h inc of	priss erreby certify that the information supplied with this filing does not erreby certify that the information supplied with this filing does not dicated on this report or supplemental report is true and accurate dicated on this report or the receiver or trustae empowered to execute the corporation or the receiver or trustae empowered to execute the corporation or the receiver or trustae empowered in the corporation or the receiver or trustae empowered to execute the corporation or the receiver or trustae empowered to execute the corporation or the receiver or trustae empowered to execute the corporation or the receiver or trustae empowered to execute the corporation of the receiver of the corporation of the receiver or trustae empowered to execute the corporation of the receiver or trustae empowered to execute the corporation of the receiver or trustae empowered to execute the corporation of the receiver or trustae empowered to execute the corporation of the receiver or trustae empowered to execute the corporation of the receiver or trustae empowered to execute the corporation of the receiver or trustae empowered to execute the corporation of the receiver or trustae empowered to execute the corporation of the receiver or trustae empowered to execute the corporation of the receiver or trustae empowered to execute the corporation of the receiver of trustae empowered to execute the corporation of the receiver of trustae empowered to execute the receiver of trustae empowered to exe	qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further and that my signature shall have the same legal affect as if made under oath; the and that my signature shall have the same legal affect as if made under oath; the

changed, or on an attachme SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR