


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90057 046 \*\*\*150.00

|   |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|---|------------------------|--|--|---|--|-------|------|---------------------------------|------|----------------------|--|----------------|-----------------------|--|-------------|------------------------|--|-------|---|---------------------------------|------|----------------|--|----------------|--------------------|--|-------------|------------------------|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|------|---|----------------|--|--|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # K04555</b><br>1. Entity Name<br><b>TIP TOP TREE SERVICE, INC.</b>   |                        |  |  |  |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>C/O WILLIAM MALKEMES<br/>4686 133RD ROAD SOUTH<br/>DELRAY BEACH, FL 33445 US</b>  |                        |  | Mailing Address<br><b>C/O WILLIAM MALKEMES<br/>4686 133RD ROAD SOUTH<br/>DELRAY BEACH, FL 33445 US</b>   |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business  |                        | 3. Mailing Address   |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Suite, Apt. #, etc.   |                        | Suite, Apt. #, etc.  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State  |                        | City & State   |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Zip   | Country                | Zip  | Country  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent   |                        |  | 7. Name and Address of New Registered Agent  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>MALKEMES, WILLIAM J.<br/>4686 133RD ROAD SOUTH<br/>DELRAY BEACH, FL 33445</b>  |                        |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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 the obligations of registered agent.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when remitting)<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MALKEMES, WILLIAM J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4686 133RD ROAD SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33445</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, TERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>504 S.E. 23RD AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33445</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                        |  |  |   |  | TITLE | PSTD | <input type="checkbox"/> Delete | NAME | MALKEMES, WILLIAM J. |  | STREET ADDRESS | 4686 133RD ROAD SOUTH |  | CITY-ST-ZIP | DELRAY BEACH, FL 33445 |  | TITLE | V | <input type="checkbox"/> Delete | NAME | JOHNSON, TERRY |  | STREET ADDRESS | 504 S.E. 23RD AVE. |  | CITY-ST-ZIP | DELRAY BEACH, FL 33445 |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | PSTD                   | <input type="checkbox"/> Delete  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | MALKEMES, WILLIAM J.   |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 4686 133RD ROAD SOUTH  |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | DELRAY BEACH, FL 33445 |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   | V                      | <input type="checkbox"/> Delete  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | JOHNSON, TERRY         |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 504 S.E. 23RD AVE.     |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | DELRAY BEACH, FL 33445 |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                        | <input type="checkbox"/> Delete  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                        | <input type="checkbox"/> Delete  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                        | <input type="checkbox"/> Delete  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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 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.   |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>SIGNATURE:</b> <u>X William J. Malkemes Bill Malkemes</u> <span style="float: right;">2-16-05 561-496-1368</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                        |  |  |   |  |       |      |                                 |      |                      |  |                |                       |  |             |                        |  |       |   |                                 |      |                |  |                |                    |  |             |                        |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |      |   |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |