SIGNATURE:

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## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 15, 2005 8:00 am Secretary of State DOCUMENT # K18428 04-15-2005 90072 033 \*\*\*150.00 **OEFFNER & OEFFNER, INC.** Principal Place of Business Mailing Address C/O SUSAN A. OEFFNER C/O SUSAN A. OEFFNER 106 W HAMILTON AVE 106 W HAMILTON AVE TAMPA, FL 33604-5421 TAMPA, FL 33604-5421 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OEFFNER, SUSAN A Street Address (P.O. Box Number is Not Acceptable) 106 W HAMILTON AVE TAMPA, FL 33604 ampo8. 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. (NOTE: Registered Agent signature Signature, typed or printed pame of registered agent and title 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME PIERCE, TAMMY L NAME STREET ADDRESS 1804 OPEN FIELD LOOP STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33510 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME OEFFNER, SUSAN A NAME STREET ADDRESS 1804 OPEN FIELD LOOP STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33510 CITY-ST-78 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE \_\_\_ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 divistee 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.

OF SIGNING OFFICER OR DIRECTOR

**FILED**