## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # K35225  1. Entity Name CHERYL M. WILLIAMS, C.P.A., P.A.				Secretary of State
504 NW 5TH	se of Business I AVE BEE, FL 34972	Mailing Address 504 NW 5TH AVE OKEEECHOBEE, FL 34972		
				01102005 No Chg-P CR2E034 (10/03)
Ľ	OO NOT WRITE	IN IHIS SPA	UE	4. FEI Number Applied For 65-0073415 Not Applicable
				5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Regis WILLIAMS, CHERYL M 504 NW 5TH AVE OKEECHOBEE, FL 34972		gistered Agent  -		DO NOT WRITE IN THIS SPACE
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.  SIGNATURE  Signature. Lypod or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when refrestating)  OATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financ Trust Fund Contribution.				00 May Be ed to Fees
10.	OFFICERS AND DI	RECTORS	7 ( 2 4 5 4 4 7 )	و المعادلات المالية المعادلات المالية المعادلات المالية المعادلات المالية المعادلات المالية المعادلات المالية
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, CHERYL M 2481 SOUTHWEST 21ST CT OKEECHOBEE, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			and a great of the second	000000179475 01/13/05-80019-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby 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 eath; 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.				