## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 8:00 am Secretary of State

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1. Entity Name	MENT # K48062				04-11-2005	90187 018 ***150	).00
Principal Place	e of Business	Mailing Address					
% WILLIAM EARL BROWN UNIT #2, 968 PONDELLA ROAD NORTH FT. MYERS, FL 33903		% WILLIAM EARL BROWN UNIT #2, 968 PONDELLA ROAD NORTH FT. MYERS, FL 33903			100%)	50036333	   18       184
2. Principal Pl	lace of Business	3. Mailing Address					<b>                 </b>
2002	FLANINGO	2001 7 2	amid 60		81841 611 81681 (814 6816 644 11	LI BIBIT BIBIT BIBIT BIBIT BIBIT	11501 (1 )=21
Suite, Apt.		Suite, Apt. #, etc.		0325	2005 Chg-P	CR2E034 (10/03)	
City & State	MYCAS	W. ET. MYERS	KL	I .	Number -0090876	) <del></del>	oplied For ot Applicable
Zip 3 39,	Country	Zip 339/7	Country	5. Cer	tificate of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent		7. Nar	e and Address of New	Registered Agent	
	VILLIAM EARL		<del></del>		EL E. BL.  Number is Not Acceptab		
968 POND UNIT #2	ELLA ROAD		Street Au	idress (F.O. Box			
	T. MYERS, FL 33903		Z	002	FLAMIN	60	
	named entity submits this statement for		City	1. ET.	Myers	FL ZigCg	917
							and accept
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or r	registered agent	, or both, in the State of F	lorida. I am familiar with,	and accept
8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or r	registered ageni	, or both, in the State of F	lorida. Tam familiar with,	- Z
8. The above the obligati	named entity submits this statement for ions of registered agent.  Signature, yped or printed name of registered agent a	1/	egistered office or n		X	lorida. I am familiar with,	5
the obligation of the state of	ions of registered agent.	nd title if applicable. (NOTE. I	Registered Agent signature	\$5.00 May Added to Fee	Be ss	1/7/O	<u>5</u>
the obligation of the state of	Signature, yped or printed name of registered agent a	nd title if applicable. (NOTE. I  9. Election Campaign  Trust Fund Contrib	Registered Agent signature	\$5.00 May Added to Fed	sing) .	1/7/O	<u>5</u>
SIGNATURE  (FILL After Ma  10.  IIILE NAME STREET ADDRESS	Signature. typed or printed harve of registered agent a  E NOW!!! FEE IS \$150.00  OFFICERS AND I  DPS  BROWN, WILLIAM EARL  15397 MOONRAKER CT #602	9. Election Campaign Trust Fund Contrib	Registered Agent signature on Financing pution.  11.  IITLE NAME STREET ADDRESS	\$5.00 May Added to Fee	Be ss	1/7/O	<u>5</u>
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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 andress, with all other like appowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/7/05 239-995-464