## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K54190

## **FILED** Jan 14, 2005 8:00 am Secretary of State 01-14-2005 90011 029 \*\*\*150.00

Picicipal Place of Business  \$ RIDHARD F, LYNCH 105 PIREVEN ROAD 10FIRER FL 33469-3114 US  2. Precipal Place of Business  Suite, Apt 4, etc.  Suite, Apt 4, etc.  Suite, Apt 4, etc.  Cry & State  LYNCH, RICHARD F, 106 PINEVIEW ROAD 10FIRER FL 33469-3114 US  T. Name and Address of Current Registered Agent  LYNCH, RICHARD F, 106 PINEVIEW ROAD 10FIRER FL 33469-3114 US  Street Address of Status Desired  1. Name and Address of Current Registered Agent  T. Name and Address of Status Desired  Service Agent Address of Status Desired  T. Name and Address of Registered Agent  LYNCH, RICHARD F, 106 PINEVIEW ROAD  JUPITER, FL 33469  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  B. The above rained only submits this statement for the purpose of charging its registered agent, or both, in the State of Foods. I am survivar with, and accept the objective agent.  SIGNATURE  Equitar typical pixels have a gent agent.  SIGN	OAKVIEV	v CORP.									. 1.5
Sulfe, Apt. et ct.    Sulfe, Apt. et ct.   Sulfe, Apt. et ct.   Sulfe, Apt. et ct.   O1112005   Chg-P   CR2E034 (10/03)   Cry & State   City & State   4. HE Number 65-0092/3555   Next Applicable For 65-0092/35555   Next Applicable For 65-0092/35555   Next Applicable For 65-0092/35555   Next Applicable For 65-0092/35555   Next App	% RICHARD F. LYNCH 106 PINEVIEW ROAD		% RICHARD F. LYNCH 106 PINEVIEW ROAD			Allin Althu Ifria (Anii Sa	11 BIB4 BIB4 BI	Dii Sibir man di S	11 <b>88</b> 1 11 1 <b>8</b> 111		
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Zip	Suite, Apt, #, etc.			Suite, Apt. #, etc.			01112005	Chg-P	CR2EC	34 (10/03)	
B. Name and Address of Current Registered Agent  LYNCH, RICHARD F. 106 PINEVIEW ROAD JUPITER, FL 33469  8. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the State of Florida. I am familiar with, and accept the obligation of Florida agent with a accept the obligation of Florida agent with a accept the obligation of Florida agent with a accept the obligation of Florida agent with accept the obligation of Florida agent with a accept the obligation of Florida agent with	***************************************		City & State							<del></del>	
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LYNCH, RICHARD F. 106 PINEVIEW ROAD JUPITER, FL 33469  Street Address (P.O. Bow Number is Not Acceptable)  City FL Zic Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept if the obligations of registered agent.  Signature  Price Now!!! FEE is \$150.00  After May 1, 2005 Foe will be \$550.00  Trust Fund Contribution.  10.	B. Name and Address of Current Registered Agent										
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	LYNCH RICHARD F					Name					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I are familiar with, and accept if the obligations of registered agent.  SIGNATURE    Signature typosius printed name of registered agent and the Laportuble   (NOTE Registered Agent spit.ere receased show reinholding)   DATE	106 PINEVIEW ROAD			-		Street Address	(P.O. Box Numbe	r is Not Acceptabl	le)		
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.  SIGNATURE    Prille NOWILL Fleet is \$150.00   Prilled name of registered agent and the industry   DATE						City	<del></del>		EI	Zip Cod	
SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  TITUE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  TITLE	- T						<del></del>			-	
### FILE NOW!!! FEE IS \$150.00 ### After May 1, 2005 Fee will be \$530.00    Trust Fund Combistion				the purpose of changing its r	egislered :	office or registe	red agent, or boll	h, in the State of H	lorida. I am	tamiliar with,	and accept
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  10.	SIGNATURE.	Signature, typed	ur printed nume of registered agent a	nd title if applicable. (NOTE:	Registered Ag	gent signuture receive	d when reinstating)		DATE		
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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. If 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.

PIBSIDE VI