## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # K79055 1. Entity Name PACÉSETTER ENTERPRISES, INC. Principal Place of Business Mailing Address 2019 CENTRE POINTE BLVD 2019 CENTRE POINTE BLVD SUITE 101 SUITE 101 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 01072005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-2943235 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOTTICE, JOHN P DO NOT WRITE 2019 CENTRE POINTE BLVD SUITE 101 IN THIS SPACE TALLAHASSEE, FL 32308 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. Signature, typed or printed name of registered agent and the (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **DPTS** TITLE MOTTICE, JOHN P NAME 2019 CENTRE POINTE BLVD SUITE 101 STREET ADDRESS U00000334761 04/27/05-80059-002 1**50.00** CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MARKE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

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.

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP

> John P. Mothče TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-386-2117

Daytime Phone #

**FILED**