2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nar	IMENT # K80447 THE THE THE THE THE THE THE TH		Jan 31, 2005 08:00 AM Secretary of State							
Principal Plac	ce of Business	Maili	ng Address	 .						
102 VAN FLEET COURT			VAN FLEET COU URNDALE FL 330			1111	(1811) 88 1 (811) 58 1) 168 4 8 (811)	KAL MINII NINII NI	IIT Bib ia B y y tti b	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1s	t MOORE	CR2E034	(10/04)	
City & State			City & State			4. FEi Numb	^{er} 59-2941131		N	pplied For lot Applicable
Zip	Country	Zip	Zip		ntry	5. Certificate	of Status Desired		8.75 Ad ee Require	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	egistered Ag	jent	
SUMMERLIN, ROY C. 146 AVE B, N.W.					Street Address (P.O. Box Number is Not Acceptable)					
WINTER HAVEN FL 33881										····
			,	, City				FL	Zip Cod	e
8. The above the obliga	e named entity submits this statemer tions of registered agent.	it for the purp	oose of changing its	s register	ed office or registe	ered agent, or bo	th, in the State of Flor	ida. I am fa	miliar with	, and accept
SIGNATURE	Signature, typed or printed name of registered as	gent and title if ep	plicable (NCT	E Registere	d Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							9. Election Campa Trust Fund Cont	•		.00 May Be led to Fees
10.	OFFICERS A	ND DIRECTO	RS	11.		ADDITIONS,	CHANGES TO OFFI	CERS AND C	DIRECTOR	S JN 11
TITLE NAME STREET ADDRESS. CITY: ST-ZIP	D BANNIZA, DEBORAH B. 102 VAN FLEET COURT AUBURNDALE FL		☐ Delete			1	U00000204 01/31/05-800	380 101-017	Change 150.(☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BANNIZA, DEBORAH B. 102 VAN FLEET COURT AUBURNDALE FL		☐ Delete	1				[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DP BANNIZA, WILLIAM L. JR. 102 VAN FLEET COURT AUBURNDALE FL		☐ Delete					[Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					Ē	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Delete					<u> </u>	Change	☐ Addition
TITLE Name Street address City-St-Zip	-		□ Delete		1				Change	☐ Addition
indicated of the cor	certify that the information supplied won this report or supplemental report poration or the receiver or trustee en or on an attachment with an address	t is true and a powered to	accurate and that n execute this report	ny signati as requir	ure shall have the	: same legal effec	t as if made under oa	th that Lam	an officer	or director

FILED

SIGNATURE: William L. Barniza Jr. 1-28-05 863-289-3434
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Design Phone 1