## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2005 08:00 AM Secretary of State

1. Entity Nar D & R SI Principal Plat 133 THOMA	GNS, INC.	Mailing Address POST OFFICE BOX 290656 PORT ORANGE, FL 32129			Se	cretary of State
C	OO NOT WRITE  6. Name and Address of Current Re		CE	03142005 4. FEI Numbe 59-300	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
		DO NOT WRITE IN THIS SPACE				
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, wheel or britised name of registered agent and title displicable  (NOTE Registered Agent signature registered when remistating)  DATE						
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution	Adde	00 May Be ed to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, DARRELL 622 IPSWICH LANE PORT ORANGE, FL TS KING, ROBIN 622 IPSWICH LANE PORT ORANGE, FL	ECTORS			ИООООО 04/15/05-1	306716 80025-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PURT URANGE, FL			DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
of the con	sertify that the information tupplied with this on this report or supplemental report is true poration or the receiver of trustee empower or on an attachment with an address, with	ed to execute this reportes require	ire shall have the sa	ame legal effect	as if made under oa	ath, that I am an officer or director
SIGNAT		M	S	<del></del>	7/12/05 Date	5 38/e-252-2777 Daytime Prone #