2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nam	MENT # L52165 EALTY CORPORATION				Se	cretary	oi State
%STANLEY T 2281 LEE RO	Principal Place of Business %STANLEY T PIETKIEWICZ 2281 LEE ROAD, SUITE 103 WINTER PARK, FL 32789 WINTER PARK, FL 32789 Mailing Address %STANLEY T PIETKIEWICZ 2281 LEE ROAD, SUITE 103 WINTER PARK, FL 32789		JS				
D	OO NOT WRITE	CE	02032005 No Chg-P CR2E034 (10/03) 4. FEI Number				
	6. Name and Address of Current	Registered Agent					
PIETKIEWICZ, STANTEY T. 2281 LEE ROAD SUITE 103 WINTER PARK, FL 32789				•	NOT W THIS SF		
	named entity submits this statement for tions of registered agent.	r the purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am familiar	with, and accept
SIGNATORE.	Signature, typed of printed name of registered agent	and title if applicable. (NOTE Registers	id Agent signature required	i when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finar After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND	DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	DP PIETKIEWICZ, STANLEY T. 2281 LEE ROAD, SUITE 103 WINTER PARK, FL				U0000 04/09/09)0296347 5-80063-01	5 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP AVERY, DELBERT W 2281 LEE ROAD, SUITE 103 WINTER PARK, FL						
TITLE NAME STREET AUDRESS CITY-51-21P			:	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			1				

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 of 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 appreas with all other like empowered.

SIGNATURE: _

STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

407-645-1965

Daytime Phone #