2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2005 8:00 am Secretary of State 02-03-2005 90037 047 ***150.00

Suite. Apr. #, etc. Suite, Apr. #, otc. Suite, Apr. #, otc. O1222005 Chg. P CR2E034 (10/03) City & State Cuntry Zip Country S. Certificate of Status Deurod \$6,75 Acational Fee Requirement of the Country See Requirement of Status Deurod \$6,75 Acational Fee Requirement of See Requirement of	DOCUMENT # L66427 1. Entity Name RUSSELL PARDEE, INC.								02-03-200:	5 90037 (047 ***1:	50.00
Suite. Apt. #, etc.	3941 SE 14TH PL			3	3941 SE 14TH PLACE			40011094				
City & State Country Country Country Sp. Country	2. Principal Place of Business				3. Mailing Address							
The above named 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 obligations of registered agent. Signature: City	Suite, Apt. #, etc.				Suite, Apt. #, etc.		01222005	Chg-P	CR2E0	34 (10/03)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL City FL Zip Code City FL Zip Code City FL Address of New Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Fill E NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E DP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E AMAE SIRET ADDRESS OCALA, FL Debels III.E ORVIS-12P OCALA, FL ORVIS-12P ORV	City & State			-	City & State							
PARDEE, WILLIAM RUSSELL 3941 SE 14TH PLACE OCALA, FL 34471 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 Plorida. Lam familiar with, and accept more obligations of registered agent. SIGNATURE Signature, fixed or present name of registered agent are to list a contaction. PARCE Signature, fixed or present name of registered agent are to list a contaction. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME PARDEE, WILLIAM RUSSELL SIRET ADDRESS OCALA, FL OCALA, FL OCALA, FL OCHICLES OCALA, FL OCHICLES	Zip	~	Country		Zip	Coun	itry	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code		6. Name	and Address of Curren	stered Agent	† · · · · · · · · · · · · · · · · · · ·							
E. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Plorida. I am familiar with, and accept more obligations of registered agent. SIGNATURE Signature Signa	3941 SE 14TH PLACE						Street Address	(P.O. Box Numb	er is Not Acceptable	9)		
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12. Thereby 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 equired 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 a fipowered.	or director r Block 11 if											
SIGNATURE: Will Kill Will Z-1-05 35Z-35/-3/55 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Daylime Phone #												