## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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

	AIIII OAE	IZMI WIZI		
1. Entity Nar	MENT # L70943 ne ROVES, INC.			Secretary of State
% JOHN NEI 3306 E. SW	ce of Business. — IL ELLIS INDELL ROAD FL 33565	Mailing Address % JOHN NEIL ELLIS 3306 F. SWINDELL ROAD PLANT CITY, FL 33565		
DO NOT WRITE IN THIS SPAC			CE	03262005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applied For Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  ELLIS, JOHN N. 3306 E. SWINDELL RD PLANT CITY, FL 33566				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 typed or printed name of registered agent and file if applicable (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.				
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS City-ST-Zip	D ELLIS, JOHN N. 3306 E. SWINDELL RD PLANT CITY, FL	· · · · · · · · · · · · · · · · · · ·	<u>-1</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- <del> </del>		U00000306155 04715705-80003-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			F1111 - 5440 - 7	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	· <u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(1). 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 of the receiver or trustee employeered 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, without the empowered.				