2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of Naw Registered Agent 8. The above named ently submits this statement for the purpose of changing its registered after or 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, 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, 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, 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, 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the St	DOCU 1. Entity Nar CITRICOI	me	# M79919	•	. / #	-			Mar 28, Secr	, 2005 (etary of		
Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc. Sultin, Apt. #, etc.	% RONALD BOX 985) P. GRIGSB	Y	% R BOX	RONALD P. GRIGS K 985				\$\$ 10 () () () () ()	(1)		
City & State Country The Country The Country S. Name and Address of Current Registered Agent T. Name and Address of Current Registered Agent T. Name and Address of Nave Registered Agent T. Name and Address of Nave Registered Agent The Required Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The State of Florida. Jean familiar with, and accept the deligations of registered agent, or both, in the State of Florida. Jean familiar with, and accept the deligations of registered agent agent, or both, in the State of Florida. Jean familiar with, and accept the deligations of registered agent. The Address of registered agent	2. Principal f	Place of Busin	ess	3. Ma	ailing Address							
S. Security S. Country S. Certificate of Status Desired S. S. Sectional Fine Regulation Section Sectional Fine Regulation Section Sectional Fine Regulation Section Sectional Fine Regulation Section Sectio					- · · · · · · · · · · · · · · · · · · ·		<u> </u>					
8. Celtracted of Status Desired Fine Propised Fine Propise		.te			·	·	4. FEI Number 59-3024538 Applied For Not Applicable					
Street Address (P.O. Box Number is Not Acceptable) City	Zip					Coun	try			Fee F	lequired	
1511 US 27 SOUTH LAKE PLACID FL 33852 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent and the registered agent of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent or produce and agent or produce agent of the state of Florida. 1 am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the floridary of the state of Florida. 1 am familiar with, and accept the floridary of the state of Florida. 1 am familiar with, and accept the floridary of the state of Florida. 1 am familiar with, and accept the floridary of the state of Florida. 1 am familiar with, and accept the floridary of the state of Florida. 1 am familiar with, and accept the floridary of the state of Florida. 1 am familiar with, and accept the floridary of the state of Florida. 1 am familiar with, and accept the floridary of the state of Floridary. 1 am familiar with, and accept the floridary of the state of Floridary. 1 am familiar with, and accept the floridary of the state of Floridary of the state of Floridary. 1 am familiar with, and accept the floridary of the state of Floridary. 1 am familiar with, and accept the floridary of the floridary of Florida	<u> </u>	6. Name	and Address of Curren	t Register	ed Agent		Name	7. Name an	d Address of New Re	egistered Agent		 ,
8. The above named entry 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 of the submits 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, 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, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida Carriary and accept the state of Florida Carriary and accept the floridary state of Floridary state of Florida Carriary and accept the floridary state of Floridary state of Floridary accept the Floridary state of Floridary accept the Floridary state of Florida	151	11 US 27 S	SOUTH				Street Address	(P.O. Box Numl	ber is Not Acceptable)		
SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signa							City			FL Z	p Code	:
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will be \$550.00 Make Check Payable to Florida Department of State 10.	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.											
THE MANE SITER ADDRESS CITY-ST-ZIP INLL D GRIGSBY, SAMUEL F., JR SIMPT ADDRESS DITY-ST-ZIP INLL D GRIGSBY, RONALD P. CITY-ST-ZIP INLL D GRIGSBY, LESLIE B. CITY-ST-ZIP INLL D GRIGSBY, LESLIE B. INTLE ADDRESS CITY-ST-ZIP INTLE D GRIGSBY, LESLIE B. INTLE ADDRESS CITY-ST-ZIP INTLE ADDRESS CITY-ST-ZIP	FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00						o Ageni signatura requirec		Trust Fund Cont	gn Financing ribution.	Adde	d to Fees
MME GRIGSBY, SAMUEL F., JR JIRET ADDRESS LOTO ST IVES CT JULY ST-ZIP MORRISTOWN TN JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, RONALD P. JULY GRIGSBY, LEXELE B. JULY JAMES W. JOHN ST-ZIP OVIEDO FL 32785	·	lo —	OFFICERS AND) DIRECTO			-	ÄDDITIONS	<u> </u>	П.		
NAME CIRCY TADRESS CITY ST-2IP LAKELAND FL Delete NAME GULLEY, JAMES W. SIGHT ADDRESS CITY-ST-2IP OVIEDO FL 32765 Delete NAME GRIGSBY, RONALD P. SIRFI ADDRESS CITY-ST-2IP OVIEDO FL 32765 Delete NAME GRIGSBY, LESLIE B. SIRFI ADDRESS CITY-ST-2IP NAME GRIGSBY, LESLIE B. SIRFI ADDRESS CITY-ST-2IP NAME GRIGSBY, CATHARINE E. SIRFI ADDRESS CITY-ST-2IP CHARGE SIRFI ADDRESS CITY-ST-2IP OVIEDO FL 32765 Delete NAME SIRFI ADDRESS CITY-ST-2IP OVIEDO FL 32765 OVIEDO FL 32765 SIRFI ADDRESS CITY-ST-2IP SIRFI ADDRESS CITY-ST-2IP SIRFI ADDRESS CITY-ST-2IP SIRFI ADDRESS CITY-ST-2IP OVIEDO FL 32765 SIRFI ADDRESS CITY-ST-2IP SIRFI ADDRESS SIRFI ADDRESS CITY-ST-2IP SIRFI ADDRESS SIRFI ADDRESS CITY-ST-2IP SIRFI ADDRESS CITY-ST-2IP SIRFI ADDRESS CITY-ST-2IP SIRFI ADDRESS CITY-ST-2IP SIRFI ADDRESS SI	NAME STREET ADDRESS	GRIGSBY, S	ES CT		——————————————————————————————————————	NAME STRFI	E FT AODRESS		U0000027 03./28/05-80	3155 -	-	
NAME SIRET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP Delete TITLE D Change Addition MAME SIRET ADDRESS CITY-ST-ZIP MORRISTOWN TN CITY-ST-ZIP INTLE D CHANGE SIRET ADDRESS CITY-ST-ZIP INTLE D CHANGE CITY-ST-ZIP INTLE D CHANGE CITY-ST-ZIP INTLE D CHANGE SIRET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP	NAME STREET ADDRESS	GRIGSBY, I 2123 REAN	IEY ROAD	•	Delete _	NAME STREE	FI ADDRESS			<u> </u>	hange	Addition
NAME STRETT ADDRESS CITY-ST-7IP MORRISTOWN TN CITY-ST-7IF ITILL D GRIGSBY, CATHARINE E. 2123 REANEY ROAD LAKELAND FL CITY-ST-7IP ITILE D GRULLEY, MARTHA G. STRETT ADDRESS CITY-ST-7IP CITY-ST-7IP CHAnge Addition Change Add	NAME STREET ADDRESS	GULLEY, JA 4512 OLD (CARRIAGE TR.		☐ Delete	NAME STREE	FI ADOFESS			c	hange	Addition
NAME STREET ADDRESS CITY ST-ZIP LAKELAND FL Delete Delete Delete DITTLE NAME STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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 faceiver or trustee empowered to execute the 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, with all other like empowered SIGNATURE: **STREET ADDRESS** CITY-ST-ZIP OVIEDO FL 32765 GITY-ST-ZIP **STREET ADDRESS** CITY-ST-ZIP OVIEDO FL 32765 GITY-ST-ZIP **STREET ADDRESS** CITY-ST-ZIP **OVIEDO FL 32765 **OVIEDO FL 32765 **STREET ADDRESS** CITY-ST-ZIP **OVIEDO FL 32765 **STREET ADDRESS** CITY-ST-ZIP **OVIEDO FL 32765 **CONTRACTOR CONTRACTOR CO	NAME STREET ADDRESS	GRIGSBY, L 1070 ST IVE MORRISTO	ES CT		□ Delete	NAME STREE	E I AONRESS			<u></u> □ 01	hange	Addition
MAME STREET ADDRESS GITY-SI-ZIP OVIEDO FL 32765 12. I hereby certify that the information supplied with this filling 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 or the receiver or trustee empowered to execute the 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, with all other like empowered SIGNATURE: **STREET ADDRESS** CITY-SI-ZIP OVIEDO FL 32765 CITY-SI-ZIP OVIEDO FL 32765 SIGNATURE: **STREET ADDRESS** CITY-SI-ZIP SIGNATURE: **STREET ADDRESS* CITY-SI-	NAME STREET ADORESS	GRIGSBY, 0 2123 REAN	EY ROAD		☐ Delete	NAME STREE	ET ADDRESS			☐ CI	nange	☐ Addition
changed, or on an attachment with an address, with all other like empowered SIGNATURE: SIGNAT	NAME STREET ADDRESS CITY+SI+ZIP	GULLEY, M 4512 OLD (OVIEDO FL	CARRIAGE TR. . 32765	, , , , , , , , , , , , , , , , , , ,		NAME SIREE CITY	ST-ZIP					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Devices 4	changed,	or on an attac	e <u>te</u> ceiver of trustee emp chiment with an address,	with all oth	her like embowered	as requir	RONALE	rionda Statut	es; and that my hame	further certify tha ath, that I am an appears in Block	t the infofficer of 10 or I	ormation or director Block 11 if

FILED

843-465-4455 Daytone Phone #