2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000000043

1. Entity Name



FILED Jul 07, 2005 8:00 am Secretary of State 07-07-2005 90009 028 ****61.25

WITNESSES, INC.								
Principal Place of Business 1001 MOCCASIN RUN RD. OVIEDO, FL 32765		Mailing Address 1001 MOCCASIN RUN RD. OVIEDO, FL 32765						
	estap barra							
2. Principal Place of Business		3. Mailing Address						AILI BI IABI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07052005 CH	ng-NP (CR2E037 (10/03)	
City & State		City & State			4. FEI Number 59-3440700			plied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Str	atus Desired	See Require	
	6. Name and Address of Curren	t Registered Agent	red Agent Name		7. Name and Address of New Registered Agent			
DUEN, RICHARD 1001 MOCCASIN RUN RD. OVIEDO, FL 32765				Street Address (P.O. Box Number is Not Acceptable)				
	ė	City					FL Zip Cod	e
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or						the State of Florid		and accept
the obligations of registered agent.								
SIGNATURE								
Filing Fee Is \$61.25 Due by September 7, 2005 9. Election Campaign 1 Trust Fund Contribu			, , ,	cing \$5.00 May Be Make check payable to Florida Department of State				
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUEN, RICHARD 1001 MOCCASIN RUN RD. OVIEDO, FL 32765	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	D CASIANO, CECILIO JR. 1159 WASHINGTON ST.	☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMAN, ELVIN 1143 WASHINGTON ST. OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 328 0V	ROMAN, I P QUEEN AL IEDO, PL	EWIN JE 32765	⊘ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, MOISES 798 RICH DR. OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	5			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			☐ Change	☐ Addition
12. I hereby indicated	certify that the information supplied will on this report or supplemental report	th this filing does not qualis true and accurate and	lify for the exemption s that my signature shall	tated in Se have the	ection 119.07(3)(i), Fit same legal effect as	orida Statutes. I fu if made under oat	rther certify that the i	nformation or director