فسده سخريجو

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

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1. Entity Name	MENT # N030000		TION, INC	٠,٠٠٠ .			· . <u></u>	70030			
Principal Place	e of Business	Mailing	g Address				•,		, *		••
3920 N A1A		*	835 20TH PLACE								
FORT PIERCE, FL 34949 VE			ERO BEACH, FL 32960								
								EBUEB UNA BRIM BBM	ISIN SIN ISIN	1711 28 11 0 18 11 171 1	
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					03052005	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State				4. FEI Numbe 58-266				pplied For at Applicable	
Zip	Country	Zip)	Cou	intry		5. Certificate	of Status Desired	a 🗆	\$8.75 Add Fee Required	litional
	6. Name and Address of Curre	nt Registere	d Agent				7. Name and	Address of Nev	v Registered	Agent	
MEDDILL	MADEN				Name						
MERRILL, KAREN ELLIOT MERRILL COMM MGMT					Street Address (P.O. Box Number is Not Acceptable)						
835 20TH									_		
VERO BEA	ACH, FL 32960										
. - . '	T. 1 277 7	-			City				FI	Zip Code	e
8. The above	named entity submits this statement	for the num	ase of changing its	register	ad office or	ranietore	ad agent, or bet	h in the State of		familias with	224 22224
the obligat	ions of registered agent.	rioi ale parp	OSO OF GREAT BIRTY ILO	108131016	au onice or	register	ou agent, or you	ii, ki kile Stale Ol	FIUIUS, I air	i ianimat wini,	апо ассері
SIGNATURE .											
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if app	olicable. (NOT	E: Registere	d Agent signatu	re required	when reinstating)		DATE		
		ent and Site if app								·	
	Filing Fee is \$61.25	ent and title if app	9. Election Car Trust Fund (mpaign F	inancing	<u> </u>	\$5.00 May B	e , F	Make ched	k payable to	
	Filing Fee is \$61.25 Due by May 1, 2005		9. Election Car Trust Fund (mpaign F Contribut	inancing		\$5.00 May B Added to Fees	, F	Make ched lorida Depa	rtment of St	tate
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND		9. Election Car Trust Fund (mpaign F Contribut	inancing ion.		\$5.00 May B Added to Fees	e F	Make ched lorida Depa	rtment of SI	tate
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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 eath; that I am an officer or director of the corporation or the receiver or trustge empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an applicable.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-569-9853 Daytime Phone #