2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N09538

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90523 039 ****61.25

COMMIT		LIMITING TERMS	LOBBY, INC.						_		
Principal Place of Business 600 THISTLEWOOD COURT LONGWOOD, FL 32779				Mailing Address 600 THISTLEWOOD COURT LONGWOOD, FL 32779			50045662				
2. Principal Place of Business 3.			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04042005 C	ng-NP	CR2E0	37 (10/03)	
City & State			City & State				4. FEI Number Applied For 59-2556491 Applied For Not Applicate				
Zip	Country		Zip		Country		5. Certificate of St	atus Desired		\$8.75 Ad Fee Require	ditional
	6. Name	and Address of Current	Registered Agent	·			7. Name and Add	ress of New I	Registered	Agent	
סבישטו ב	TUOMAC	В			Name	AG	C Co				
DEWOLF, THOMAS B 111 N ORANGE AVE STE 2000					Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO, FL 32801					2	200 SOUTH ORANGE AVE, SHITE 23					
					City C	DRLA	INDO		FL	Zip Coc	801
			or the purpose of changing i	ts register	ed office o	r register	ed agent, or both, in	the State of Fl	orida. Lam	familiar with.	
me opligat	tions of regist	eged agent.	a (1.	a							
SIGNATURE .	-	ILL MI	1 VICE	He	2	KEN	WRIGHT, V.	ICE PRE	SIDE	NT 4/	27/05
GIGITATORIE .	Signature, typed	or printed name of registived agen	t and title if applicable. (NO	DTE: Registere	d Agent signat	ure required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campa Trust Fund Con											
•	_						\$5.00 May Be Added to Fees	1		k payable t	
10.	_		Trust Fund					Flo	rida Depai	tment of S	itate
10. TITLE	Due by N	May 1, 2005 OFFICERS AND DI	Trust Fund	l Contribut	ion.		Added to Fees	Flo	rida Depai	tment of S	itate
TITLE	PD MCCOLLU	OFFICERS AND DI	Trust Fund	11. TITU	ion. E		Added to Fees	Flo	rida Depai	RECTORS IN	N 10
TITLE NAME STREET ADDRESS	PD MCCOLLU	OFFICERS AND DI UM, BILL TLEWOOD CT	Trust Fund	11. TITE	E E EET ADORESS		Added to Fees	Flo	rida Depai	RECTORS IN	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOLLU	OFFICERS AND DI	Trust Func	11. TITEL NAM STRE	E SEE ADDRESS '-ST-ZIP		Added to Fees	Flo	rida Depai	RECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS	PD MCCOLLU	OFFICERS AND DI UM, BILL TLEWOOD CT OOD, FL 32779	Trust Fund	11. TITE	E TE TADORESS (-ST-ZIP	Ā	Added to Fees	FIO ES TO OFFICE	rida Depai	RECTORS IN	N 10
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12. Thereby certify that the information supplied with this filing does not quality 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 early; that I am an officer or director of the corporation or the receiver or trustee 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 address, with all other like empowered.

BILL McColumn

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

407-649-4050

Daytime Phone #