

2005 NOT-FOR-PROFIT COPPORATION

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	ANNUAL	REPORT				16, 2005 08:00	
DOCU	MENT # N12859]	Sec	cretary of Sta	te
1. Entity Nan LAUREL INC.	OAKS OFFICE CONDOMIN						
ſ	ce of Business	Mailing Address		İ			
5023 W LAUREL ST 5023 W LAUREL ST TAMPA, FL 33607 US TAMPA, FL 33607 US							
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Г	O NOT WRITE	IN THIS SDA	CF	03102005	No Chg-NP	CR2E037 (10/03)	
	O IOI WILLIAM		OL.	4. FEI Number 59-2721	062	Applied Fo	
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	6. Name and Address of Current R	egistered Agent			ar y Agran Dayland, and	Fee Required	70° s
HENRY, STEVEN J 5023 W LAUREL ST TAMPA, FL 33607							<u> </u>
					W TON		
IAWIPA, F	L 33007			IN T	HIS SF	PACE	
8. The above	named entity submits this statement for titions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or both	, in the State of Flo	orlda. I am familiar with, and acco	ept
SIGNATURE_			<u>-</u>	· 	····		
	Signature, typed or printed name of registered agent and	stitle if applicable (NOTE Registers	d Agent signature required	when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Find Trust Fund Contribution				00 May Be			
10.	ÖFFICERS AND D	RECTORS			in 12 milion of a similar transfer.	endante in Translation and Assessment	11.
TITLE NAME	PD LINCKS, TED F	,	The state of the s	· · · · · · · · · · · · · · · · · · ·	27774 4 4774 1 1 1 1		ì.,
STREET ADDRESS CITY-5T-2IP	5023 W LAUREL ST				COOOQOU	265666 80067-017 70.00	
TITLE	TAMPA, FL STD				J3/ I <i>b/</i> U5→ ====================================	30067-017 70.00 E	-
NAME CORRECT ADDRESS	HENRY, STEVEN				· · · · · · · · · · · · · · · · · ·		
STREET ADDRESS City-St-ZIP	5023 W LAUREL ST TAMPA, FL	•					
TITLE NAME	D DOLLAR DOLLAR		± · · · ·				· · ·
STREET ADDRESS	SCHWARTZ, BONITA 5027 W LAUREL STREET		,	no.	NOT W	DITE	
CITY-ST-ZIP	TAMPA, FL 33607		- Lines - Lines - Lines		NOT W		
TITLE NAME				IN T	HIS SF	PACE	
STREET ADDRESS CITY-ST-ZIP							
TITLE !		 					
NAME			1			· · · · ·	~
STREET ADDRESS CITY-ST-ZIP				,			
TITLE							<u> </u>
NAME STREET ADDRESS				·· ,			

12. I hereby certify that the information supplied with this filing does not qualify 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 faccurate 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 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.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND PERSON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/10/05

813/289 - 0039 Daytime Prione #