## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** May 12, 2005 8:00 am

INC.  Principal Pace of Business  Suite, Apt. #, etc.  2. Principal Pace of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  See Required  6. Name and Address of Current Registered Agent  CARMEN, JIM 26 PITTMAN DRIVE PALM COAST FL 32164  Sitest Address (P.O. Box Number is Not Acceptable)  City FL  Zip Code  8. The above named antity 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.  SIGNATURE  Sitest Address (P.O. Box Number is Not Acceptable)  PLE NOW: FEE IS \$61.25  Die By May 1, 2005  9. Election Campaign Financing Short September of State  10. OFFICERS AND DIRECTORS  PLUS BRIEF ADDRESS  CITY-SI-2P  FLAGLER BEACH FL 32186  CITY-SI-2P  FLAGLER BEACH FL 32186  CITY-SI-2P  PALM COAST FL 32164  City FL  Zip Code  Steet Address (P.O. Box Number is Not Acceptable)  DATE  Address (P.O. Box Number is Not Acceptable)  DATE  FLE NOW: FEE IS \$61.25  Die By May 1, 2005  9. Election Campaign Financing Short May 5  Added to Fees  Make Changes In Addition  Make Changes In Addition  Add
28. PTITMAN DRIVE PALM COAST FL 32164  2. Principal Place of Business  3. Mailing Address  Suite, Apt. 4, etc.  Su
2. Principal Place of Business  Suito, Apt. #, etc.
2. Principal Place of Business   3. Mailing Address    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.    City & State   Country   Zip   Country   5. Certificate of Status Desired   \$9.375120   Applied For Not Applicable    For Required   Fee Required   Fee Required   Fee Required    CARMEN, JIM 26 PITTMAN DRIVE   PALM COAST FL 32164    8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or and a power agent when remissing    FILE NOW: FEE IS \$61.25   Due By May 1, 2005    FILE NOW: FEE IS
2. Principal Place of Business   3. Mailing Address    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.    City & State   Country   Zip   Country   5. Certificate of Status Desired   \$9.375120   Applied For Not Applicable    For Required   Fee Required   Fee Required   Fee Required    CARMEN, JIM 26 PITTMAN DRIVE   PALM COAST FL 32164    8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or and a power agent when remissing    FILE NOW: FEE IS \$61.25   Due By May 1, 2005    FILE NOW: FEE IS
City & State  Country  Country  Country  Country  Country  Country  Country  City  C
Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  CARMEN, JIM 26 PITTMAN DRIVE PALM COAST FL 32164  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 or registered agent of registered agent of registered agent and list a replacible plotter Registered Agent syncture required when remaining DATE  FILE NOW: FEE IS \$61.25 Due By May 1, 2005  9. Election Campaign Financing Address of Name Board Directors In 10. OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS OUT STEP Detels NAME SIRET ADDRESS OUT ST. 2P  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  12. Change Addition NAME SIRET ADDRESS OUT ST. 2P  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  14. CARMAN, JIM SIRET ADDRESS OUT ST. 2P  15. CARMAN, JIM SIRET ADDRESS OUT ST. 2P  16. Change Addition NAME NAME NAME NAME NAME NAME NAME NAME
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional fee Required
CARMEN, JIM 26 PITTMAN DRIVE PALM COAST FL 32164  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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. It am familiar with, and accept the obligations of registered agent
CARMEN, JIM 26 PITTMAN DRIVE PALM COAST FL 32164  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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.  SIGNATURE  Signature  FILE NOW: FEE IS \$61.25 Due By May 1, 2005  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INLE NAME SIRET ADDRESS 1628 SOUTH DAYTONA AVE FLAGLER BEACH FL 32136  INLE NAME SIRET ADDRESS CITY-S1-2P PALM COAST FL 32164  INLE NAME MARCH, CANDY SIRET ADDRESS FLAGLER BEACH FL 32136  CITY-S1-2P FLAGLER BEACH FL 32136
26 PITTMAN DRIVE PALM COAST FL 32164   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.  SIGNATURE    Signature typed or printed name of impotented agent and inte if apphicable   (NOTE Registered Agent sogniture required when renatating)   DATE
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CITY-ST-ZIP PALM COAST FL 32164 CITY-ST-ZIP
TITLE D Change Addition
STREET ADDRESS  904 MAGNOLIA TERRACE  STREET ADDRESS
CITY-ST-ZIP FLAGLER BEACH FL 32136 CITY-ST-ZIP
TITLE BYBEE, MARK
STREET ADDRESS PO BOX 2305 STREET ADDRESS
CITY ST. 7/P FLAGLER BEACH FL 32136 CITY ST. 7/P

I hereby certify that the information supplied with this filling 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 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 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: JOS SIGNATURE AND TYPESFOR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Date

Daytime Phone #