2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # N9700000		, INC.				03-24-200	5 90045 ()23 ****6	51.25
Principal Place of Business 9000 GATOR CREEK DRIVE SARASOTA, FL 34241 Mailing Address 9000 GATOR CREEK DRIVE SARASOTA, FL 34241 SARASOTA, FL 34241				RIVE	44.4		nt ander g	50	03041	2
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2. Principal Place of Business		3. Mailing Address					IT331 BTIII BTIII SI	II) 4 2 110 4 1 111 4 111 4 11		HEL EI IEEL
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03172005 C	hg-NP	CR2E03	7 (10/03)		
City & State		City & State				4. FEI Number NOT APPL	ICABLE			plied For t Applicable
Zip	Country	Zip		Cou	untry	5. Certificate of S			\$8.75 Add	litional
	6. Name and Address of Current] t Registered	Agent	l		7. Name and Add	iress of New			<u> </u>
WATSON	DAVIDS		·		Name					
WATSON, DAVID S 240 S. PINEAPPLE AVE., 9TH FL. SARASOTA, FL 34236					Street Add	dress (P.O. Box Number is	Not Acceptab	le)	•	
SARASUI	A, FL 34230									
					City		11.000	FL	Zip Code	9 .
	e named entity submits this statement f	or the purpor	se of changing its	register	ed office or re	egistered agent, or both, in	the State of F	lorida. I am f	amiliar with,	and accept
ine obliga	nons or registered agent.									٠
SIGNATURE										
	Signature, typed or printed name of registered agen-	nt and title if applic	able. (NOT	E: Registere	ed Agent signature	required when reinstating)		DATE		
	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2005	nt and title if applic	9. Election Car Trust Fund (npaign F	inancing _	\$5.00 May Be	I .	DATE Make check Irida Depar		
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I nereby 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 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.

R PROTED NAME OF SIGNING OFFICER OR DIRECTOR