2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 7/28/2005-90002-017-\$158.75-\$158.75 1082 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P00000014269** 1. Entity Name CURE-IT, INC. 05 AUG 17 AM 9: 30 Principal Place of Business Mailing Address 8600 FRONT BEACH RD. PANAMA CITY BEACH FL 32407 8600 FRONT BEACH RD. PANAMA CITY BEACH FL 32407 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3632405 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Reguland 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama -TUCKER, JAMES L - - - - - - - 8600 W. HWY. 98 PANAMA CITY BEACH FL 32407 Street Address (P.O. Box Number is Not Acceptable) City Zio Code

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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 Sgrature, typed or printed name of registered again and title if applicable (NOTE Registered Again signature required when recristing) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Fin Trust Fund Contribution	ancing \$5	.00 May Be led to Fees
10.	OFFICERS AND DIRECTORS		11. ADDITIONS		CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUCKER, JAMES L B500 FRONT BEACH RD. PANAMA CITY BEACH; FL 32407	Clary	TITLE MANE STREET ADDRESS CITY-ST-78P			Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VP TUCKER, BRENDA D 8500 FRONT BEACH RD. PANAMA CITY BEACH FL 32407	Dejeto Lage	TITLE NAME STREET ADDRESS DITY-ST-ZEP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	ST TUCKER, BRENDA D 8600 FRONT BEACH RD. PANAMA CITY BEACH FL 32407	Deleta hounge	DILE NAME STREET ADDRESS CIEY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
HILE HAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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.							

MATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

Care

Desymme Prome & C

SIGNATURE:

To whom it May concern,

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I received this letter stating that I owned a Late fee, but I sent in the proper fees as soon as I received the appealin. I collect the office an the lady told me they sent out a Card, but the notice I received a few weeks ago was the first notice I received this year. I have always sent in the Proper fees as soon as I received the Frist notice, jin post years.

Harhs James L. Justen Cure-it Inc.