2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2005 08:00 AM Secretary of State

DOCU 1. Entity Nam STILL AR		338		•	Secretary of State
Principal Plac 4927 HIDDE SARASOTA, E	N OAKS TRAIL	Mailing Address 4927 HIDDEN OAKS TRAIL SARASOTA, FL 34232			
F	O NOT WRITE	IN THIS SPA	CF	01172005	No Chg-P CR2E034 (10/03)
	O NOT WHILE			4. FEI Number 65-099 5. Certificate	7727 Not Applicable of Status Desired S8.75 Additional
	6. Name and Address of Current R	egistered Agent	<u> </u>		Fee Required
PADEREWSKI, ALEXANDER G 1834 MAIN STREET SARASOTA, FL 34236 DO NOT WRITE IN THIS SPACE					
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.) am familiar with, and accept the obligations of registered agent,					
SIGNATURE Signature, typed or printed name of registered agont and title II applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND D	IRECTORS	j — —		UQQQQQ213120 02/03/05-80057-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNHEISSER, DEBRA L 4927 HIDDEN OAKS TRAIL SARASOTA, FL 34232	:			027 037 03 00031 003 1301 00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D DANNHEISSER, BERTRAM V III 4927 HIDDEN OAKS TRAIL SARASOTA, FL 34232				_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		.•		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9 - y				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. 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 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.					
SIGNATURE: Delhe L. Sambeisser 1/31/or					