## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Philip W Ryon SIGNATURE OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 26, 2005 08:00 AM Secretary of State

Daytime Phone #

59-3631036 Status Desired Status Des	1. Entity Nan	MENT # P000000247	151		Secretary of State	
DO NOT WRITE IN THIS SPACE    4. FEI Number	2175 KINGS SUITE 213 8	LEY AVE	2372 FERNVIEW DR		THE STANDARD OF THE STANDARD S	
PYAN, PHILLIP W JR 2372 FERNVIEW DR ORANGE PARK, FL 32065  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 acceptable the obligations of registered agent.  SIGNATURE  Sprakure, typed or protect name of registered agent agent algorithms required name of registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of protect name of registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable agent signature required when obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable agent signature required when obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable agent signature required when obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable agent signature required when obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable agent signature required when obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable agent signature required agent signature required when obligations of registered agent signature required agent signature required when obligations of registered agent signature required when obligations of registered agent signature required when obligations of r	E			CE	04222005         No Chg-P         CR2E034 (10/03)           4. FEI Number         Applied For Not Applicate Status Desired           5. Certificate of Status Desired         \$8.75 Additional	
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After May 1, 2005 Fee will be \$550,00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  TITLE NAME RYAN, PHILLIP W JR STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32065  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME RYAN TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME NAME TITLE TITLE NAME NAME NAME TITLE TITLE NAME NAME NAME TITLE TITLE NAME NAME TITLE TITLE NAME NAME TITLE TITLE NAME TITLE TITLE NAME TITLE TITLE NAME TITLE TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE NAME TITLE T	the obligations of registered agent.  SIGNATURE					
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NAME STREET ADDRESS CITY-ST-ZIP  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 accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 Bl	NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby condicated	pertify that the information supplied with the on this report or supplemental report is troopration or the receiver or fusike emocy.	is filling does not qualify for the exerting and accurate and that my signatered to execute this report as required.	mption stated in Secure shall have the s	section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director.	