2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: ⊿

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 14, 2005 08:00 AM
Secretary of State

467-383-6839

	ANNUAL R	EPORT					
 Entity Nam 	MENT # P0000003388	4			Sec	cretary	of State
Principal Plac 7923 DIMAL ORLANDO, F	COURT	aiiing Address 1923 DIMAL COURT IRLANDO, FL 32822					
DO NOT WRITE IN THIS SPAC			CE	01112005 4. FEI Numbe 59-363		CR2E034 (10	
6. Name and Address of Current Registered Agent FORD, DENNIS L 7923 DIMAL COURT ORLANDO, FL 32822			DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the plans of registered agent. Signature, typed or printed name of registered agent and title E NOW!!! FEE IS \$150.00	·, <u> </u>	ed Agent signature require	·	h, in the State of Flo	orida. I am familiai DATE	with, and accept
After Ma	ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIREC		I Add	Jed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, DENNIS L 7923 DIMAL COURT ORLANDO, FL 32822				- <u>1</u> 00000)180554 -80010-011	ima aa
NAME STREET ADDRESS CITY-ST-ZIP					niviav n o.	-onein-nii	190.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the cor changed,	certify that the information supplied with this fir on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ling does not qualify for the exe and accurate and that my signal do execute this report as requil other like empowered.	mption stated in Seture shall have the red by Chapter 60	ection 119.07(3)(i same legal effec 7, Florida Statute), Florida Statutes. It as if made under one of that my name	I further certify that path; that I am an d e appears in Block	the information officer or director 10 or Block 11 if