2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 8:00 am Secretary of State

1. Entity Name	MENT # P00000030	6963	:		٠.		2005 90090		
Principal Place 6635 WILLOW NAPLES, FL	V PARK DR.	Mailing Address 6635 WILLOW PARK DR. NAPLES, FL 34109	, ,				·	50011	102
2. Principal Pl	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	***************************************	01	1062005	Chg-P	•	034 (10/03)	HEEL H 1261
City & State	9	City & State		4.	FEI Number			<u> </u>	plied For at Applicable
Zip .	_ Country	C	Country		Certificate o	of Status Des		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent		7.	Name and	Address of	New Registered	d Agent	
DIAMOND, DAVID B 9129 THE LANE NAPLES, FL 34109			Name David B. Diamond Street Address (P.O. Box Number is Not Acceptable)						
			City No	35 W	illow :	Park	<u>Drive</u> F	Zip Cod	° 7111 г. О
	named entity submits this statement f	or the purpose of changing its regi	istered office or re	egistered a	gent, or both	n, in the State			and accept
SIGNATURE_	Signature, typed or printed name of registered ager	ot and title if anolicable (NOTE: Ren	pstered Agent signature	-				. :	
			bernied when althoration	required when	reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campaign F	Financing .	\$5.00 Added to	Мау Ве		DATE		
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campaign F Trust Fund Contribut	Financing .	\$5.00 Added to	May Bo Fees	CHANGES T	O OFFICERS A		S IN 11
After Ma	E NOW!!! FEE IS \$150.00	9. Election Campaign F Trust Fund Contribut D DIRECTORS	Financing tion.	\$5.00 Added to	May Be Fees				S IN 11
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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 logal 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.

SIGNATURE: _

IGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05

239-594-1994

Daytime Phone #