## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SNATURE AND TYPED OF

NAME OF SIGNING OFFICER OR DIRECTOR

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

386-441-5457

1. Entity Nam	MENT # P0000003733			500	i ciai y	or State	
1075 OCEAN	ISHORE BLVD ACH, FL 32174	Mailing Address 555 W. Granada BÜVD STE G-10 ORMOND BEACH, FL 32176					
D	O NOT WRITE I	CE		No Chg-P	CR2E034 (10		
555 W. GF ORMOND	IN, MARK D RANADA BLVD, STE G-10 BEACH, FL 32174	DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and fitted the statement of the sta	· · · · · · · · · · · · · · · · · · ·	d Agont signature required		n the State of Flor	ida I am familian	with, and accept
10. IITUE NAME STREET ADDRESS CITY-ST-ZIP TITUE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PTD MONAHAN, JAMES J 1075 OCEANSHORE BLVD ORMOND BEACH, FL 32174	ECTORS			U00000 02/03/05-	212260 80023-00	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W HIS SP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  12.   bereby (	entify that the information supplied with whis	Filing does not qualify for the exe	mption stated in Se	ection T(9.07(3)M. F	Ticrida Statutes I	further certify tha	t the Information
indicated of the cor changed,	certify that the information supplied with this on this report or supplemental report is true portation of the receiver or this tie empower or on an attachment with an address, with	and accurate and that my signa ed to effect this report as requi all other like empowered	ture shall have the ired by Chapter 60	same legal effect as 7. Florida Statutes; a	a if made under o	ath, that I am an a appears in Block	officer or director k 10 or Block 11 if