2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 08:00 Al Secretary of State

	ANNUAL	REPURI		_		Sagradare of S
1. Entity Nat	JMENT # P000000381	27				Secretary of S
Principal Pla	ce of Business	Mailing Address	<u> </u>			
1091 SE 59		1091 SE 59TH ST		}		
OCALA, FL	34480	OCALA, FL 34480				
		01192005 No Chg-P CR2E034 (10/03)				
	OO NOT WRITE	4. FEI Number Applied Fo			Applied For	
			59-3649251 Not Applicable			
				5. Certificate	e of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	istered Agent	=======================================			
BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A.				DO	NOT WE	RITE
4 SE BROADWAY OCALA, FL 34470			IN THIS SPACE			
				11/4	1 UIS SEA	ACE
! !						
	e named entity submits this statement for the tions of registered agent.	e purpose of changing its registere	ed office or register	ed agent, or bo	oth, in the State of Florid	ta. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and t	rie if applicable (NOTE Registere	d Agent signature required	when revisional	· _	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			noing \$5.	00 May Be ed to Fees		
10.	OFFICERS AND DIF	ECTORS	<u></u>	················	<u> </u>	
TITLE	D SCHETTINE WILLIAM C		5			
NAME STREET ADDRESS	SCHETTINE, WILLIAM C 1091 SE 59TH ST				ر المال	
CITY-ST-ZIP	OCALA, FL 34480		}		รักษาเป็น อีเมื่อได้เกิดเกิดเกิด	46346 10063-003 150.00
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CITY-ST-ZIP						
12. I hereby of indicated	certify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the exent and accurate and that my signati	nption stated in Secure shall have the sa	tion 119.07(3)(ame legal effec	i), Florida Statutes, 1 fur it as if made under oath	ther 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 it made under part; 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:

William
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Schettine

01/19/05 352-369-1900

Daytmie Phone #