2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # P00000441				Secre	tary of State
980 TYRONI	ce of Business E BOULEVARD BURG, FL 33710	Mailing Address 980 TYRONE BOULEVARD ST. PETERSBURG, FL 33710		} 	: BALLT BATA BALLT BEALL BEALL B	RA NINTI GENLEKA NUMETI A NUK
	OO NOT WRITE	IN THIS SPA	CE		No Chg-P CR	2E034 (10/03) Applied For Not Applicable
(all parties and a second				5. Certificate of S	itatus Desired	\$8.75 Additional Fee Required
980 TYRC ST. PETE	6. Name and Address of Current Re IA, ANTHONY S INE BOULEVARD RSBURG, FL 33710	DO NOT WRITE IN THIS SPACE				
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 accept the obligations of registered agent. SIGNATURE Signature, poed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				00 May Be		
10.	OFFICERS AND DI	PECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	BATTAGLIA, ANTHONY S 980 TYRONE BOULEVARD ST. PETERSBURG, FL 33710	<u> </u>	The second secon			276
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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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver contrastee 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 time impowered.						
SIGNATURE: SIGNATURE AND TYPED ON FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Prone #						