2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 20, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P0000005880	4 •			560	cretary	oi State
•	ET MAPLE DRIVE 4	ailing Address 1108 SCARLET MAPLE DRIVE IOLIDAY, FL 34691					. .
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				02022005 No Chg-P CR2E034 (10/03) 4. FE! Number			
PROVOST, RUSSELL C 4108 SCARLET MAPLE DRIVE HOLIDAY, FL 34691			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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees	and the contract of the second		·
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROVOST, RUSSELL C 4108 SCARLET MAPLE DRIVE HOLIDAY, FL 34691	CTORS				1318031 80043-005	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			***************************************				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	'HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP							. , .
12. I hereby of indicated of the corchanged,	ertify that the information supplied with this fi on this report or supplemental report is true a poration or tige receiver or trustee empower or on an attachment with an address, with all	ing does not qualify for the exer and accurate and that my signate I to execute this report as requir other like empowered.	nption stated in Seure shall have the s ed by Chapter 607	ction 119.07(3)(i), same legal effect a , Florida Statutes,	Florida Statutes, 1 as if made under or and that my name	further certify that ath; that I am an c appears in Block	the information fficer or director 10 or Block 11 if