## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000061310

1. Entity Name



## **FILED** Mar 30, 2005 8:00 am Secretary of State 03-30-2005 90034 027 \*\*\*150.00

Principal Place of Business   Abeling Address   2225 THOMAS DRIVE   PRIMAN CITY BEACH, PL 32408   2226 THOMAS DRIVE   PRIMAN CITY BEACH, PL 32408   2226 THOMAS DRIVE   PRIMAN CITY BEACH, PL 32408   2226 THOMAS DRIVE   2226 THO	ISLER &	ASSOCIATES TITLE, INC.						
Sulte, Apt. 4, etc.	2226 THOM/	AS DRIVE	2226 THOMAS DRIVI					
Sulte, Apt. 4, etc.	2. Principal P	lace of Business	3. Mailing Address					
City & State    City & State   City & State   City & State   Applied for   Sp-3655845   Rice Application   Registered Agent   Sp-3655845   Rice Application   Registered Agent   Sp-3655845   Rice Application   Rice Applicat	Suite Ast	4			i (SELITE) IS SELIO SELID BETT	AFIN CALL BEING BITAL (1983	111141   411   411	IEDI II 1861
Zip Country Zip Country S. Centificate of Status Desired S. S. Centificate of Status Desired S. S. Centificate of Status Desired S. S. Centificate of Status Desired September 2. S. Centificate of Status Desired Office or registered agent. or both, in the State of Florida. I am Itanifiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am Itanifiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am Itanifiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am Itanifiar with, and accept the obligations of registered agent. or both, in the State of Florida. I am Itanifiar with, and accept the obligations of registered agent. or both, in the State of Florida. September 2. S. Centificate Office or registered agent. or bot	Suite, Apr.	#, etc.	Suite, Apt. #, etc.		03022005 Chg-P	CR2E034	l (10/03)	
S. Certificate of Status Desired   Fee Required    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    Name    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Addition    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Addition    Steel Address (P.O. Box Number is Not Acceptable)    DATE    Addition    Steel Address (P.O. Bo	City & State		City & State		1		<del></del>	
SOMBATHY, JULIE ANN 508 NORTH SHORE CIRCLE LYNN HAVEN, FL 32444  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:    STOMATURE:   SOMULIA, hose or protect name of registered agent agent and the # apotective.   NOTE Registered Agent agent are necessary agent and the # apotective.   NOTE Registered Agent ag	Zíp	Country	Zip	Country	5. Certificate of Status De			
SOM NORTH SHORE CIRCLE LYNN HAVEN, FL 32444  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City		6. Name and Address of Current	Registered Agent		7. Name and Address of			
City FL Zip Code  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 Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature local or printed name of registered agent and life if applicable.   NOTE Registered Agent signature required when remarked)   DATE    FILE NOWIII FEE IS \$150,00					s (P.O. Boy Number is Not Acc	rentable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature   Signature   Signature agent and life # abolicable   PATE   Pagitiered Agent dignature required with remote agent and life # abolicable   PATE   P								
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TITLE NAME SOMBATHY, JULIE ANN SIRET ADDRES CITY-ST-ZP STREET ADDRESS	8. The above the obligat	named entity submits this statement for	or the purpose of changing	its registered office or regis	stered agent, or both, in the Sta	te of Florida. I am far	niliar with, a	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS	SIGNATURE_		Guide is a collection of the c	OTT. D		- DATE		
ARTOR May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Addied to Fees    10.		Signature, typed or printed name of registered agent	and one if applicable. (N	UTE: Hagistarad Agant signature raqui	ired when reinstating)	UATE	<del></del>	
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		Certify that the information supplied with	this filing does not qualify		Section 119.07(3\fi) Florida St	atutes. I further certifi	v that the in	formation