## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

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

DOCUMENT # P00000071215  1. Entity Name ROBBYN QUANDT, P.A.				Šecretary of State			
1907 TYRO	ce of Business NE BLVD BURG, FL 33710	Mailing Address 1907 TYRONE BLVD ST PETERSBURG, FL 33710		} } 	ii Banii Vran Vair Vairi Saire	Islii (22at ilola kool kaat omezi it inot	
DO NOT WRITE IN THIS SPAC				04212005 4. FEI Numb 59-367	04212005 No Chg-P CR2E034 (10/03)  4. FEI Number		
6. Name and Address of Current Registered Agent  QUANDT, ROBBYN 1907 TYRONE BLVD SAINT PETERSBURG, 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, typed 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 Finan Trust Fund Contribution.				<b>5.00</b> May Be dded to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D  QUANDT_ROBBYN PRES. 1907 TYRONE BLVD ST PETERSBURG, FL 33710	RECTORS			· <u>ພວ</u> ວດວດ:	359797	
NAME STREET ADDRESS CITY-ST-ZIP TITLE					05/05/05-0	359797 30006-019 150.00	
NAME STREET ADDRESS CITY-ST-ZIP					NOT WE	†	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		• ••		IN T	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			E				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-			
12. I hereby of indicated of the corp changed,	certify that the information supplied with the on this report or supplemental report is tro poration or the receiver or trustee empow or on an attachment with an address, with	is filing does not qualify for the exer se and accurate and that my signal ered to execute this report as requir all other like empowered.	mption stated in ture shall have the red by Chapter 6	Section 119,07(3)( e same legal effector, Florida Statute	i), Florida Statutes. I full tas if made under oat s; and that my name a	riher certify that the information in that I am an officer or director ppears in Block 10 or Block 11 if	