## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED **DOCUMENT # P00000074017** Jan 24, 2005 08:00 AM C. GEORGES & COMPANY, INC. **Secretary of State** Principal Place of Business Mailing Address 4905 8TH AVE SOUTH 4905 8TH AVE SOUTH GULFPORT, FL 33707 GULFPORT, FL 33707 01202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3663101 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GEORGES, CAROL B DO NOT WRITE 2657 44TH ST S GULFPORT, FL 33711 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U00000195182 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. VT TITLE NAME GEORGES, CAROL B 2657 44TH ST S STREET ADDRESS GULFPORT, FL 33711 CITY-ST-7IP 1171 F GEORGES, CHRISTOPHER W NAME 2657 44TH ST S STREET ADDRESS GULFPORT, FL 33711 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 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 any attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher W. Georges

0/05 727-322-2617

Ozytime Phone €