2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED Jan 26, 2005 08:00 AM Secretary of State

ANNUAL REPORT				🤲 📉 _ Jan 20, 2005 08:00 A
DOCU 1. Entity Nar CHATHA		784		Secretary of State
Principal Place of Business 3721 DOUBLETON DR STUART, FL 34997 Mailing Address 3721 DOUBLETON DR STUART, FL 34997 STUART, FL 34997			 	
Ε	OO NOT WRITE	IN THIS SPA	CE	01172005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-1037319 Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		
DELATTRE, THOMAS 3721 DOUBLETON DR STUART, FL 34997				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 priviled 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 \$5.00 May Be Trust Fund Contribution. Added to Fees				
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELATTRE, THOMAS 3721 DOUBLETON DR STUART, FL 34997	and the second		- 1017/11 51 47 1 - 1.7 247 05 - 8000 1 - 023 150 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000195526 01/26/05~80033-004 15 0.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Management of the Park of the		
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 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 an attachment with an address with all other like empowered.				

1-19-05

772-221-0100