2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	# P00000104 RKING COMPANY				i ,	, , , , , , , , , , , , , , , , , , ,					
					05 MAR	-1 PH	12: 02				
Principal Place of Business 100 WLLACE AVENUE STE 100 SARASOTA, FL 34237			Mailing Address 100 WLLACE AVENUE STE 100 SARASOTA, FL 34237				SECRETARY OF STATE TALLAHASSI (FRUMBA				
2. Principal P			3. Mailing Address 100 Wallace Avenue								
100 Wallace Avenue Suite, Apt. #, etc. STE 100			Suite, Apt. #, etc. STE 100				02072005	Chg-P	CR2E	E034 (10/03)	
City & State Sarasota, FL			City & State Sarasota, FL				4. FEI Numb				pplied For ot Applicable
Zip 34237				Zip Count 34237 US			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent						
BONE, DAVID D 100 WALLACE AVENUE					Street A	ddress (f	P.O. Box Numb	er is Not Accept	able)		
STE 100 SARASOT	A, FL 34	237				,					
									F	L Zip Cod	le
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 implicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		FEE IS \$150.00 5 Fee will be \$550.0		on Campaign I Fund Contribu	~ ~		00 May Be ed to Fees	i			
10.	D	OFFICERS AND			11.			CHANGES TO			RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete TITE BONE, DAVID D 100 WALLACE AVE STE 100 SARASOTA, FL 34237						600048028015*				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWAE 100 WAL SARASO		100	V □ Change X Addition Rachel M. Wolf 100 Wallace Ave STE 100 Sarasota, FL 34237							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AROL A LACE AVE STE 100 TA, FL 34237		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- 3423)		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			Delete	STREET ADDRESS	100 t	n L. Wen Vallace Sota, FL	Ave STE	100	Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
1ITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
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 execute 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 o 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.											
SIGNATURE: 2/7/05 941-954-8405 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Da											