## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 06, 2005 08:00 AM Secretary of State

	ANNUAL	REPURI	· <u></u> -				OULDO ME
1. Entity Name	MENT # P010000265		Secretary of State				
Principal Place 705 ARMADA VENICE, FL	A ROAD NORTH	Mailing Address 705 ARMADA ROAD NORTH VENICE, FL 34285			r Bellai (1841 Valut Bailt Be	\\	. 87774 (8877 (88878787 )/ (878)
			A C MINISTER STEEL	] [/2001/102/7			
n	O NOT WRITE	CE :	09032005	No Chg-P	CR2E034	<u> </u>	
ט	O NOI WHILE	CE	4. FEI Numb 65-108			Applied For Not Applicable	
				5. Certificate	of Status Desired		8.75 Additional se Required
	6. Name and Address of Current R	egistered Agent		en m. "essucana	The constant of the constant o	-14 m/c+ m/m mmmmmmm	
	K, FRANK M JR. IDA ROAD NORTH FL 34285			NOT W THIS SF			
B. 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, at 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  DATE						miliar with, and accept	
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	ncing \$5	.00 May Be led to Fees	 			
10.	OFFICERS AND D	IRECTORS	_				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROEBUCK, FRANK M JR. 705 ARMADA ROAD NORTH VENICE, FL 34285	e us li	, m, n,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHEELER, TRACI R 705 ARMADA ROAD NORTH VENICE, FL 34285				//00 <b>00</b> 09/07/ <b>0</b> 5	0037774 -80010-	7 -011 550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROEBUCK, FRANK M III 705 ARMADA ROAD NORTH VENICE, FL 34285			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROEBUCK, MARY F 705 ARMADA ROAD NORTH VENICE, FL 34285						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,		
TITLE			1				

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 type 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.

SIGNATURE:

NAME STREET ADDRESS CITY - ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/ST

941-484-6689

Daytime Phone #