2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2005 8:00 am Secretary of State 03-01-2005 90078 037 ***150.00

1. Entity Nam	MENT # P01000032		NC.			03-01-200:	5 90078 037	***15	50.00		
Principal Place of Business P.O. BOX 10646 BRADENTON, FL 34282-0646		Mailing Address P.O. BOX 10646 BRADENTON, FL 34282-0646		20016714							
2. Principal Place of Business		3. Mailing Address									
Suite. Apl. #, elc.		Suite, Apt. #, etc.			01052005	Chg-P	CR2E034 (10	/03)			
City & State		City & State		4. FEI Number	160		- ' '	plied For			
Zip Country		Zip Country		try	65-10914 5. Certificate of			5 Addi			
6. Name and Address of Currer		Registered Agent		7. Name and A	ddress of New R		quirea				
o. Hame and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name							
ATKINS, JAMES L 1103 60TH AVE TERR W BRADENTON, FL 34207				Street Address (P.O. Box Number is Not Acceptable)							
BIOLDEITI	ON, 1 E 04207			City				Codo			
				City	e or registered agent, or both, in the State of Florida. I am				-		
After Ma	Signature, typed or printed name of registered agent as ENOW!!! FEE IS \$150.00 by 1, 2005 Fee Will be \$550.0	9. Election Campa Trust Fund Conf	ign Finan tribution		5.00 May Be ded to Fees		DATE				
10.	OFFICERS AND D		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIREC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ATKINS, JAMES L 1103 60TH AVE TERR W BRADENTON, FL 34207	□ Delete		ET ADDRESS					Addition		
THE NAME STREET ADDRESS CHY-SI-ZIP	VP VANZANT, CHRISTOPHER 1103 601 HAVE TERR W BRADENTON, RL 34207	Delete Noveb		ET ADDRESS 3014-S1-ZIP BR	ISTOPHER 1 13TH AI HOENTON,	L. VANZ IE, W. FL. 34Z	205	ange	Addition		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	ATKINS, JONATHAN D 1873 FLAMINGO BLVB APT. 2R BRADENTON, FL 34207	-32 Delete			JOUATH	WD. A	TKINS BUSINE		Addition		
TITLE		Delete	TITLE						- Addition-		
NAME			NAMI						-		
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip							
TITLE NAME STREET ADDRESS		☐ Delete		E Et address			□ Cr	ange	Addition		
CITY-SI-ZIP			CITY	-ST-ZIP							
TITLE		☐ Dolete	TITLE	I			CH	ange	Addition		
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS							
CITY-\$1-ZIP				-SI-ZIP							
12. I hereby of indicated of the cor	Lertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empty	this tiling does not qualify to true and accurate and that wared to execute his rec	the exer	mption stated in Sture shall have the region of Chapter 60	ection 119.07(3)(i), same legal effect a 77, Florida Statutes:	Florida Statutes. I as if made under o and that my name	I further certify that path: that I am and e appears in Block	t the in	formation or director Block 11 if		

changed, or on an attachment with an address

PRESIDENT/DEO Z-23-05 (941) 504-4490