## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State	
DOCUMENT # P01000032818					coretary or state
1. Entity Name					
Principal Plac	ce of Business	Mailing Address	· <del>·</del>		
71 PONCE D	DE LEON Each, Fl. 32176	71 PONCE DE LEON ORMOND BEACH, FL 32176			
Oldword DE	31311,12 32170	Claudid Spicit, 12 02770			(שמו זו לשתווש) כשמו ושושו ומשוו שלווי שואים אויי
			<b>医克斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯</b>		
}				1 inglings ist water statt dater austr sa	(IT SAISE ITTE THEY THEY STAT STAT SHIDE IF INDI
) 	A NOT WOITE	IN THE ODA	^=	04262005 No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPAC			UE	4. FEI Number 59-3727470	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional
	& Name and Address of Current Re-	ristand Agent		3. Certificate of Station Desired	Fee Required
6. Name and Address of Current Registered Agent				elingan shari et elinge demokratis in savetan sin s elingan shari	
CHARLES, JAMES N_ 217 CELEBRATION BLVD CELEBRATION, FL 34747				DO NOT W	RITE
				IN THIS SE	PACE
					AOL.
O The shows	e named entity submits this statement for the	a accorded at chariotra he reciptor	ad afficia ar ragista	rad agost or both in the State of El	orida. Lam familiar with, and accent
the obligat	tions of registered agent.	e bailbase or crisinging its register	es minos di Todiale	ed again, or both, in the orate or re	orga. Tan isriingi war, and accop.
SIGNATURE.	Signature, typed or printed name of registered agent and	itle if applicable (NOTE Registere	d Agent signature requires	when reinstating)	DATE
		··· =			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  P. Election Campaign Finance Trust Fund Contribution.			Ling \$5	.00 May Be ed to Fees	
10.	OFFICERS AND DIF	RECTORS		The second secon	22 / A.V.
TITLE NAME	PD KING, CHARLES D JR	•	<b></b>	U0000 Mayanyos	0346114 -80058-013 158.75
STREET ADDRESS	23 SANDÇASTLE DR			ar aga ag	.nnnac_n1a 190*12
CITY-ST-ZIP	ORMOND BEACH, FL 32176	The state of the s			
TITLE NAME	KING, FRANCES	•	<u></u>		
STREET ADDRESS	71 PONCE DE LEON	•			
TITLE	ORMOND BEACH, FL 32176			* . \	
NAME					<u></u>
STREET ADDRESS				DO NOT W	/RITE
TITLE	*			IN THIS SI	PACE
NAME					AUL
STREET ADDRESS CITY-ST-ZIP					
TITLE	<del></del>	****			
NAME					<u></u>
STREET ADDRESS CITY-ST-ZIP			1		
TITLE		िख्या थे-			
NAME STREET ADDRESS					

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 cath, that I am an officer or director of the corporation of 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 SIGNATURE AND TOPE OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

4/28/05

386-238-1111