## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P010000393			Seci	etary of State	
· ·	e of Business DODY COURT R, FL 33761	Mailing Address 3348 DUNWOODY COURT CLEARWATER, FL 33761				
D	O NOT WRITE	IN THIS SPA	CE	01142005 4. FEI Number 59-3716	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
WITHALL, BRUCE L 3348 DUNWOODY COURT CLEARWATER, FL 33761			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 printed name of registered agent and site if applicable (NOTE, Registered Agent signature required when reinstating)  OATE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees						
10.	OFFICERS AND D	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITHALL, BRUCE L 3348 DUNWOODY COURT CLEARWATER, FL 33761			<del></del>	- · · ·	298706
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D WITHALL, BRUCE 3244 JACKSON DRIVE HOLIDAY, FL 34691		·	· .	-04/11/05-	298706 80079-008 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP					NOT W	
TITLE NAME TREET ADDRESS CITY-ST-ZIP				IN T	HIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· 	
NAME SHREET ADDRESS CITY-SY-ZIP	and the base has Total and the second and the secon	De files also and a series of the series of		olou 140 proper	Talida Otta	ada adi Na Varia
edicated andicated artifice corporated, changed,	ertify that the Information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower or on an attachment with an address, with a supplement with an address, with a supplement with an address, with a supplement with a supplement with a supplement with a supplement with a supplementation or on an attachment with a supplementation or on an attachment with a supplementation or supple	us ming does not quality for the exe ue and accurate and that my signal ered to execute this report as requi h all other like empowered	mption stated in Se- ture shall have the s red by Chapter 607	ction 119.07(3)(i), same legal effect a , Florida Statutes;	Florida Statutes. I f as if made under oa and that my name	uriner certify that the information lih; that I am an officer or director appears in Block 10 or Block 11 if