2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED

ANNOAL NEFONI						– Jan 18, 2005 08:00 A				
1. Entity Nan	MENT # P0100005 AGENCY, INC.	5242			700-1		retary			
Principal Place of Business				-	1		_			
			721 NE HWY 19							
721 NE HWY 19 721 NE HWY 19 CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, F			1120							
UNISTRE RIVER, LE SHAZO			4423			# # # # # # # # # # # # # # # # # # #	I BRIDS OSIDE VIELD	E1021 08010 21X		
2. Principal f	Place of Business	3. Mailing Address								
Color had the		Cuito Art II ata		}						
Suite, Apt #, etc		Suite, Apt. #, etc.		01142005	Chg-P	CR2E034	(10/03)			
City & State		City & State		4. FEI Numb				plied For		
Zip	Country	Zip	ip Country		59-3753973 Not Applicable 5. Certificate of Status Desired \$8.75 Additional					
		1 11	<u> </u>				— Fe	e Required	d	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	egistered Ag	<u>ent</u>	 -	
STARR, L	AURENCE			140110						
2240 HWY 44 WEST				Street Address (P.O. Box Numbi	ei is Not Acceptable)			
INVERNE	55, FL 3445U									
				City			FL	Zip Code	e	
8. The above	named entity submits this statement for	ed office or register	ed agent, or bo	th, in the State of Flo	1	niliar with.	and accept			
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										
						. 27				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution					.00 May Be ed to Fees					
10.	OFFICERS AND DIRECTORS				ADDITIONS/	CHANGES TO OFFI	***		SIN 11	
TITLE	P Delete		TITL	Ε	U00000184612 ☐ Change ☐ Addition 01/20/05-80036-005 150.00			Addition		
NAME	STARR, LAURENCE		- NAM	E]			10000 C	ar erva	- 00	
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12. I hereby o	pertify that the information supplied with	this filing does not qualify for	the exe	mption stated in Sec	ction 119.07(3)(i), Florida Statutes. I	further certify	that the in	formation	
12. I hereby certify that the information supplied with this filling 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 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.										
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