2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUALI	REPORT (AR	<u> </u>		FILED			
DOCUMENT # P01000060269  1. Entity Name					Apr 18, 2005 08:00 AM			
Principal Place of Business 1617 S. DOVER RD. DOVER FL 33527		).			Secretary of State			
D-i	and During	NA ONE - A A A A A A A A A A A A A A A A A A	~					
		Mailing Address 1617 S. DOVER RD,						
		DOVER FL 33527						
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)			
City & State		City & State			4. FEI Number 59-3725690 Applied For			
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional			
	6. Name and Address of Currer	nt Registered Agent	1		Fee Required			
1 (57)	NIOK ANDREW		Nam	e				
HYNICK, ANDREW 1617 S. DOVER RD.			Stree	t Address (I	P.O. Box Number is Not Acceptable)			
DO	VER FL 33527	.,						
			City	Secretary of State    1st MOORE   CR2E034 (10/04)     4. FEI Number   59-3725690   Not Applicated For Not Applicated   \$8.75 Additional   Fee Required   7. Name and Address of New Registered Agent   lame   Iterated Address (P.O. Box Number is Not Acceptable)				
8. The above	a named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office	or register	ed agent, or both, in the State of Florida. I am familiar with, and acce			
SIGNATURE	·				-			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	E Registered Agant sig	pnature required	when reinstating) DATE			
After	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department							
10.		D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME CIRCLI ADDRESS	P STINSON, GEORGE S 170 S. RAMONA	☐ Delete	TITLE NAME STREET ADDRES		· · ·			
CITY-ST-ZIP	LAKE ALFRED FL 33850	<u> </u>	CHY-ST-ZIP		04/16/05-80152-008 150.00			
TITLE NAME	COFER, WILLIAM P	☐ Delete	THEE NAME		☐ Change ☐ Addition			
STREET ADDRESS	10333 OKEECHOBEE RD		STREET AOURES	s				
CITY-ST-ZIP	FORT PIERCE FL 34945 VST	☐ Delete	CITY-ST-ZIP		Change Calleti			
NAME	HYNICK, ANDREW	Ducte	MAME		Change Augus			
STREET ADDRESS CITY-ST-ZIP	1617 S. DOVER RD DOVER FL 33527		STREET ADDRES	\$				
THE		☐ Delete	TITLE		☐ Change ☐ Addition			
NAME STREET ADDRESS			NAME CIPEET AODRES	s				
CITY-ST-ZIP			CHY-ST-ZIP	_				
TITLE NAME		• Delete	MAME		☐ Change ☐ Addition			
STREET ADDRESS			SIRFFI ADDRES	s				
THE		☐ Delete	title		Change Addition			
NAME STREET ADDRESS			NAME STREET ADDRES					
CITY-ST-ZIP			CITY-ST-ZIP	•	•			

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 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: Andrew Hynick Andrew Hynick
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2005 (813) 64-4555