


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90050 045 ***150.00

DOCUMENT # P01000065991	
1. Entity Name HOST, INC.	

Principal Place of Business 3575 ELEVEN MILE RD. FT. PIERCE FL 34945	Mailing Address 3375 11 MILE ROAD FT. PIERCE FL 34945
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2. Principal Place of Business		3. Mailing Address 3575 ELEVEN MILE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT. PIERCE FL	
Zip	Country	Zip	Country
		34945	



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent STILLER, DONALD 3575 ELEVEN MILE RD. FT. PIERCE FL 34945		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLER, DAVID	NAME	
STREET ADDRESS	1601 SEAWAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34949	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLER, THOMAS	NAME	
STREET ADDRESS	1601 SEAWAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34949	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLER, DONALD	NAME	STILLER, DONALD
STREET ADDRESS	1601 SEAWAY DRIVE	STREET ADDRESS	1601 SEAWAY DRIVE
CITY-ST-ZIP	FT. PIERCE FL 34949	CITY-ST-ZIP	FT. PIERCE, FL 34949
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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 empowerments.

SIGNATURE:  **3-25-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #