2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT_# P010000			56	cretar	y of State		
Principal Plac 366 NW ALIG STUART, FL		Mailing Addre 366 NW ALI STUART, FL	ICE AVENUE		1.78011007.17	Na:25: 1141: 2011 2021 003	II MAINI (SANS LIAN III)	I SEIST MINST A INF
C	O NOT WRI			CE	01042005 4. FEI Numbe 65-1135		CR2E034 (,
366 NW A STUART,	EVERLY B LICE AVENUE FL 34994			-	IN T	NOT W	ACE	
	named entity submits this statemings of registered agent. Legistered agent. Signature, hood or printed ourse of registered.	ent for the purpose of o	2	ed office or register Agont signature required		h, in the State of Flo	orida. I am famili 22 DATE	ar with, and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$5	tion Campaign Finar It Fund Contribution.		.00 May Be led to Fees				
10. HILE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS D JONES, BEVERLY B 366 NW ALICE AVENUE STUART, FL 34994	AND DIRECTORS				uaaaa - 52725	642823 -80015-00	7 150.00
NAME STREET ADDRESS CITY-SI-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP						NOT W		
ITLE NAME STREET ADDRESS CITY-ST-ZIP		· - · · · · · · · · · · · · · · · · · ·		<u>.</u>	IIN I	THIS SF	ACE	**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>						
TITLE NAME STREET ADDRESS CITY ST-ZIP		-						
12. I hereby indicated of the cor	certify that the information supplie on this report or supplemental re poration or the receiver or trustee	d with this filing does noort is true and accurate empowered to execute	ot qualify for the exe te and that my signal e this report as requir	mption stated in Se ture shall have the red by Chapter 60	ection 119.07(3)(i same legal effect 7, Florida Statutes), Florida Statutes. I as if made under o s, and that my name	I further certify the eath; that I am are appears in Bloc	at the information officer or director ck 10 or Block 11 if