2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State

F63-324-369F

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•	6. Name and Address of Currer	it Hegistered Agent	- -				,	
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	NOLIA AVE. SW HAVEN, FL 33880			´ · ·				
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the obligat	tions of registered agent.			red when reinstatin	2)	DATE		
signature Fil. After Ma	tions of registered agent.	ont and title if applicable. (NOTE: Regist 9. Election Campaign Fir	ered Agent signature requi	red when reinstation 5.00 May Bidded to Fees		DATE		
SIGNATURE FIL After Ma	Signature, typed or printed name of registered age E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550 OFFICERS AN	9. Election Campaign Fir Trust Fund Contributio	ered Agent signature requi			DATE		
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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 when like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE: