2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P01000089928	·			Seci	etary or State
Principal Place of Business Mailing Address 4116 72ND AVE EAST 4116 72ND AVE EAST SARASOTA, FL 34243 SARASOTA, FL 34243						
DO NOT WRITE IN THIS SPACE				04152005 No Chg-P CR2E034 (10/03) 4. FEI Number		
4116 72NE	6. Name and Address of Current Registe ROBERT A JR D AVE EAST 'A, FL 34243	DO NOT WRITE IN THIS SPACE				
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 little if applicable. (NOTE Registered Agent signature required when refirstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D WEBER, LINDA S 4116 72ND AVE EAST SARASOTA, FL 34243	OHS	-		noconi	358436
TITLE INAME STREET ADDRESS CITY-ST-ZIP					05/04//05	358436 80113-014 150.00
NAME STREET ADDRESS CITY+ST-ZIP					NOT W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_			
NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>					
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 of 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.						