2005 FOR PROFIT GORPORATION ANNUAL REPORT

TITLE

STREET ADDRESS CITY-ST-ZIP

FILED Apr 25, 2005 8:00 am Secretary of State

	ANNUAL	KEPUKI			Secreta	rv of	^r State
DOCUMENT # P01000097966 1. Entity Name				^	04-25-2005	•	
	MORE II ENTERPRISES INC.	. •					
Principal Place	e of Business TRO-2692 N.E. Hury 70 L. 34243 LOT# 427 +017, FL. 34266	Mailing Address 6615 SABINA RD. 2692 SARASOTA, FL 34243 ARA	U.E. Hary ? CADIA, F.	70 LoT# L.	427 21	HYCOU	o u
HREM	WIRDEN BENEFIT OF THE STATE OF	and the very suit that the	34266				
D	O NOT WRITE	IN THIS SPA	ĆĖ	01262005 4. FEI Number	No Chg-P	CR2E034 (Applied For
5-10A 35				65-1143			Not Applicable
WATER TO				5. Certificate of	of Status Desired		.75 Additional Required
	6. Name and Address of Current Re	gistered Agent					
GILMORE, GGG SABI STASSOT ARCA!	ALLEN 2692 N.E. H. A.FL 34266 DIA, FL 34266	wy 70 Lot #27		The state of the s	NOT W		
'				Service supplies to the service of t	The real of the property of the party of the	STATE TO SERVE OF BUILDING	- I The second s
	named entity submits this statement for th ions of registered agent.	e purpose of changing its registe	red office or register	ed agent, or both	n, in the State of Flo	rida. I am fami	iliar with, and accept
the obligati			red office or register		n, in the State of Flo	rida. I am fami	lliar with, and accept
the obligation signature.	ions of registered agent.		ed Agent signature required		n, in the State of Flo		liar with, and accept
the obligation signature.	Signature, typed or printed name of registered agent and E NOWIII FEE IS \$150.00	elite if applicable. (NOTE: Register 9. Election Campaign Fina Trust Fund Contribution	ed Agent signature required	when reinstating)	n, in the State of Flo		liar with, and accept
the obligate SIGNATURE_ FIL After Ma	ions of registered agent. Signature, typed or printed name of registered agent and the second agent and the second agent agent and the second agent a	9. Election Campaign Fina Trust Fund Contribution	ed Agent signature required	when reinstating)	n, in the State of Flo		liar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIF	9. Election Campaign Fina Trust Fund Contribution	ed Agent signature required	when reinstating)	n, in the State of Flo		liar with, and accept
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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 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: A GILMORE TRES 4-18-05 914-650 (