2005 FOR PROFIT CORPORATION

FILED Mar 05, 2005 08:00 AM Secretary of State

ANNUAL REPURI	Wiai 05, 2005 06.00
DOCUMENT # P01000111607 1. Entity Name ROBERT STANGELAND, P.A.	Secretary of State
Principal Place of Business Mailing Address 4731 BONITA BAY BLVD #503 BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 Principal Place of Business Mailing Address 4731 BONITA BAY BLVD #503 BONITA SPRINGS, FL 34134	
DO NOT WRITE IN THIS SPA	03022005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent STANGELAND, ROBERT 4731 BONITA BAY BLVD #503 BONITA SPRINGS, FL 34134	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 title II applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees	
TITLE D NAME STANGELAND, ROBERT STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	U00000251924 03/05/05-80007-021 150.00
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DO NOT WRITE -IN THIS SPACE
CITY-ST-ZIP UTLE NAME STREET ADDRESS	

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: _____

CITY - ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/2/05

239-947-522