2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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City & State	e	City & State	O, FL	•	4. FEI Number 02-0635	374		_ 	olied For Applicable
Zip	Country	3377	9 00	untry US	5. Certificate of	Status Desired		8.75 Addi e Required	
-	6. Name and Address of Cu	ırrent Registered Agent			7. Name and A	ddress of New F	Registered Ag	ent	
LOVELACI	F WILLIAM K ESO			Name				<u> </u>	
LOVELACE, WILLIAM K ESQ. 401 S. LINCOLN AVENUE CLEARWATER, FL 33756				Street Addres	ess (P.O. Box Number	is Not Acceptable	e)		
				City				Zin Cada	
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	named entity submits this staten	nent for the purpose of ch	nanging its registe	ered office or real	istered agent, or both,	, in the State of Fi		niliar with, a	and accept
the obligati	tions of registered agent.			area office of regi				io. dia	
the obligati	tions of registered agent.	en de la company	٠,,		quired when reinstating)			, u fu.	
the obligation	ions of registered agent. Signature, typed or printed name of registere	ad agent and the if applicable.	(NOTE: Registr	ered Agent signature req				yer al fig.	
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