

**2005 FOR PROFIT CORPORATE
ANNUAL REPORT**

FILED
Aug 09, 2005 8:00 am
Secretary of State

07-12-2005 90040 018 ***150.00
08-09-2005 90004 009 ***400.00

50060792



07072005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0588793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUNN, DONNA L
1801 SW GRANT AVE. 844 EAGLE POINT DR.
PORT ST. LUCIE, FL 34953 ST. AUGUSTINE, FL 32092

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES.
NAME	GUNN, DONNA L
STREET ADDRESS	1801 SW GRANT AVE. 844 EAGLE POINT DR.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953 ST. AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 other like empowered.

SIGNATURE: Donna L Gunn 7/7/05 904-819-9446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #