2005 FOR PROFIT CORPORATION -- ANNUAL REPORT

SIGNATURE:

Apr 14, 2005 08:00 AM Secretary of State **DOCUMENT # P02000007770** 1. Entity Name STURGILL ENTERPRISES, INCORPORATED Principal Place of Business Mailing Address 7141 MARINER BLVD 7141 MARINER BLVD SPRING HILL, FL 34609 SPRING HILL, FL 34609 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 90-0002639 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STURGILL, DAVID H DO NOT WRITE 1091 OSOWAW BLVD ARIPEKA, FL 34607 IN THIS SPACE 2. 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 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS **PVTS** TITLE STURGILL, DAVID H NAME STREET ADDRESS 1091 OSOWAW BLVD CITY-ST-ZIP ARIPEKA, FL 34607 TITLE NAME STREET ADDRESS CITY-ST-2P TUTLE STREET ATTORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DDF NAME STREET ADDRESS CITY-ST-ZIP 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 supplementally prints 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 trusted employment 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 my polyriess, with all other like empowered.

FILED