2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AN Secretary of State

1. Entity Nar	JMENT # P02000010 me HEADQUARTERS, INC.		Secretary of St				
Principal Place 4482 LAFAY MARIANNA,		Mailing Address 4482 LAFAYETTE ST. MARIANNA, FL 32446	I.a.a.				
	OO NOT WRITE 6. Name and Address of Current R	CE	04192005 4. FEI Numbe 01-0604	No Chg-P	CR2E034 (10.	Applied For Not Applicable Additional	
	RENE B AYETTE ST. JA, FL 32446	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. Typed or printed familiar bit registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE							
	.E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	cing \$5.	00 May Be ad to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D D JORDAN, RENE B 5633 LINE RD. BASCOM, FL 32423	RECTORS		<u> </u>			
TITLE NAME STREET ADDRESS CITY+ST+ZIP					U0000 05/02/05	0348946 -80045-016	150.00
NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN T	'HIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-2IP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of the corr	certify that the information supplied with the on this report or supplemental report is translation or the receiver or trustee empower.	is filing does not qualify for the exenue and accurate and that my signature	nption stated in Secure shall have the s	tion 119.07(3)(i), ame legal effect	, Florida Statutes. I as if made under o	further certify that to bath; that I am an off	he information icer or director