## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2005 08:00 AM Secretary of State

	7,111472				S <sub>0</sub>	cretary of Stat
1. Entity Nam	MENT # P0200002765	50			56	cretary or stat
Principal Plac	e of Business	Mailing Address				
2623 KOEHN		2623 KOEHN AVE.				
BIG PINE KE	Y, FL 33043 _	BIG PINE KEY, FL 33043				
		<del></del>	<u> </u>			
DO NOT WRITE IN THIS SPACE				03112005	No Chg-P	CR2E034 (10/03)
				4. FEI Numbe	er	Applied For
				01-063		Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional
		and the second second	<del></del>	<u> </u>		Fee Required
<del></del> ,	6. Name and Address of Current Regi	stered Adent	1			
NEALE, M	ICHAEL F JR.			DΩ	NOT WE	OITE
2623 KOEHN AVE				_ DO NOT WRITE		
BIG PINE	KEY, FL 33043	_ · · ·		IN 7	THIS SPA	\CF
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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.						
OLOMATI IDE						
SIGNATURE.	Signature, typed or printed name of registered agent and fit	le if applicable (NOTE, Flegistere	ed Agent signature required	d when reinstating)		DATE
		1	·			
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		.00 May Be		
After M	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	LJ AGG	led to Fees		
10.	OFFICERS AND DIRE	CTORS	T		<del></del>	
TITLE	P		1			
NAME	NEALE, MICHAEL F JR.		<b>1</b>			
STREET ADDRESS	2623 KOEHN AVE	,				277058 80015-001 150.00
CITY-ST-ZIP	BIG PINE KEY, FL 33043		J-		U3/26/05-(	30015-001 150.00
TITLE	V		ł			
NAME	DIKO, BRANDON S		Ī			
STREET ADDRESS	2623 KOEHN AVE,					
CITY-ST-ZIP	BIG PINE KEY, FL 33043	····	_			
TITLE						
NAME				_	_	
STREET ADDRESS CITY - ST - ZIP				DO	NOT WE	RITE
			1		_	
TITLE NAME	•			IN	THIS SPA	ACE
STREET ADDRESS						ĺ
CITY-ST-ZIP						
TITLE		_ <del></del>				
NAME			I			
STREET ADDRESS						
CITY ST-ZIP		<u> </u>	J			
TITLE			1			
NAME	J		1			
STREET ADDRESS	1		I			
CITY-ST-ZIP			-J	<u></u>		
12. I hereby	certify that the information supplied with this	filing does not qualify for the exe	emption stated in Seture shall have the	ection 119.07(3)	(i), Florida Statutes. I fu ct as if made under cal	urther certify that the information the that I am an officer or director
of the co	certify that the information supplied with this on this report or supplemental report is true reporation or the receiver or trustee empower, or on an attachment with an address, with	ed to execute this report as requall other like empowered	ired by Chapter 60	7, Florida Statute	es; and that my name a	appears in Block 10 or Block 11 if