## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ROBERT HICRONYMUS, INC.  Principal Place of Business Malling Address Aga Sty 16TH TERRACE ALADDERDALE FL 33068  22, Principal Place of Business Suite, Apt. 4, etc.  23, Malling Address Suite, Apt. 4, etc.  24, Principal Place of Business Suite, Apt. 4, etc.  25, Principal Place of Business Suite, Apt. 4, etc.  25, Principal Place of Business Suite, Apt. 4, etc.  26, AS State  27, Country  27, Country  28, Certificate of Status Desired States Desired States Desired States Desired States Desired States Desired Street Address (P.O. Box Number is Not Acceptable)  16, Name and Address of Curron' Registrated Agent 17, Name and Address of New Registrated Agent 18, This above named early submits this soltenant for the purpose of changing his registrated office or registered agent, or both, in the State of Florida. I am familiar with, the objective of agent control of the purpose of changing his registrated office or registered agent, or both, in the State of Florida. I am familiar with, the objective of agent control of the purpose of changing his registrated office or registered agent, or both, in the State of Florida. I am familiar with, the objective of agent control of State  18, The Now III FEE IS \$150,00  Make Gheek Payable to Florida Department of State 10, OFFICES AND DIRECTORS  31, ADDITIONS/CHANGES TO FIFESS AND DIREC	DOCUI	MENT # P0200002768	· ·	A 4 4	F	Feb 03, 2005 08:00 AM				
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City & State    County   Zip	2. Principal Place of Business		3. Mailing Address							
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Country	City & State		City & State			04.2620060			pplied For ot Applicable	
HIERONYMUS, ROBERT 429 SW 79TH TERRACE N LAUDERDALE FL 33068  City FL Zip Code  6. 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 sm familiar with, the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE S \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  Titl  MAKE HIERONYMUS, ROBERT STRET ADMISS CITY ST-2P  IN AUDERDALE FL 33068  Delete  IN AUDERDALE FL 33068  Delete  IN STRET ADMISS CITY ST-2P  TITLE  Delete  IN STRET ADMISS CITY ST-2P  TITLE  Delete  IN STRET ADMISS CITY ST-2P  TITLE  Delete  TITLE  Delete  IN STRET ADMISS CITY ST-2P  TITLE  Delete  Delete  IN STRET ADMISS CITY ST-2P  TITLE  Delete  STRET ADMISS CITY ST-2P  TITLE  TITLE  CITY ST-2P  TITLE  TITLE  CITY ST-	Zıp	Country	Zip	Count	ry	5. Certificate	of Status Desired		3.75 Add	ditional
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City FL Zip Code  9. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SIGNATURE  Spatials, typed or printed name or registered agent and tills if acptaints (NOTE Registered Agent agents required when remotored)  PILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDIT	HIEF	RONYMUS, ROBERT		-		505-16-5		<del></del>		
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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 inindicated 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 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 changed, or on an attachment with an address, with all other like empowered.	or the corp	poration of the receiver of trustee empo	iwered to execute this report	or the exem my signatu t as require	nption stated in Se	ction 119,07(3) same legal effe Florida Statute	(i), Florida Statutes. I ct as if made under c es; and that my name	I further certify bath; that I am e appears in B	that the in an officer lock 10 o	nformation or director r Block 11
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days  Days Phone 4	_		111	٠.	OR		Ŋare	Dáyir	ne Phone #	41. · · · · · · · · · · · · · · · · · · ·

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