## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nar	MENT # P0200002892				Secre	etary of State	
2820 SAND	Y RIDGE RD.	lailing Address 2820 SANDY RIDGE RD. GULF BREEZE, FL 32563		1 1881/1884 111 881/18	ltett Abill bøllt gøllt en	iche ilebecculte cultur lurar culture li cumi	
	Programme of the Control of the Cont					CR2E034 (10/03)	
Ē	OO NOT WRITE I	N THIS SPA	CE	4. FEI Number 30-005079	<del></del>	Applied For Not Applicable	
 	5. Name and Address of Current Regi	tered Acont		5. Certificate of St	atus Desired	\$8.75 Additional Fee Required	
LAYTON, STEVE 2820 SANDY RIDGE RD. GULF BREEZE, FL 32563				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.  Signature. Typed or printed name and state if applicable. INOTE Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAYTON, STEVE 2820 SANDY RIDGE RD. GULF BREEZE, FL 32563	JORS		m s sasawa saya a	UQ00Q0347	TO SECURITY STATES OF THE PROPERTY OF THE PROP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAYTON, TAMMY 2820 SANDY RIDGE RD. GULF BREEZE, FL 32563			<del> </del>	/30/05-80	103-001 150.00	
TITLE NAME STREET ADDRESS CITY -ST-ZIP				DO N	OT WF	RITE	
TITLE NAME STREET ADDRESS CITY-SY-ZIP			or . e	IN TH	IIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		W 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1	* 12 <sup>1</sup> .		
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.							