## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P020000295 JILDERS, INC.	•		Secretary of State
Principal Plac 2204 RIVERS CLEARWATER	SIDE DR., NORTH	Mailing Address 2204 RIVERSIDE DR., NORTH CLEARWATER, FL 33764		
				02252005 No Chq-P CR2E034 (10/03)
D	O NOT WRITE  5. Name and Address of Current Pe			4. FEI Number Applied For O4-3624526 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required
2204 RIVE	GEORGE E RSIDE DR., NORTH NTER, FL 33764			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, typod of printed name of ragustered agent and E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		when re-instailing) DATE  OO May Be ed to Fees
After Ma	ny 1, 2005 Fee will be \$550.00	<u> </u>		ed to rees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, GEORGE E 2204 RIVERSIDE DR., NORTH CLEARWATER, FL 33764	550,049		U00000281576
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*		03/31/05-80007-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,,,,	<del></del>		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	×	
TITLE NAME STREET ADDRESS DITY-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 supplemental report is true and accurate protector of the corporation or the receiver or trustee empowered to execute this peport as required by Chapter 507, 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.				