## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nar	JMENT # P02000047402  me TLER DOES IT ELITE SERVICES INC.	
1612 POINT	ce of Business Mailing Address T PLEASANT AVE W 1612 POINT PLEASANT AVE W N, FL 34205-6810 BRADENTON, FL 34205-6810	
Ω	DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent	03292005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For NOT APPLICABLE Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required
		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, typod or printed name of registered agent and ride if applicable. (NOTE. Registered Agent standard required when reinstating)  DAYE		
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		
10.	OFFICERS AND DIRECTORS	— · · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS CITY-ST-ZIP	PRINCIPATO, LESLIE 1612 POINT PLEASANT AVE W BRADENTON, FL 342056810	U00000282541 03/31/05-80044-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HANNER, BLAIR 1612 POINT PLEASANT AVE W BRADENTON, FL 342056810	-
TITLE NAME STREET ADDRESS CITY+ST+ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-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 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.		
SIGNAT	URE: Leslie Rincipal LESCIE PRINCIPATE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daying Proce #