## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000056365  1. Entity Name JANE M. OGRAM, PA					tary or state
202 HARVAR	e of Business ID RO IE, FL 32086	Meiling Address 202 HARVARD RD ST AUGUSTINE, FL 32086	2 · · · · * · · ·	ו וואס נונס וועל וועל וועני פונסע ווי ועשניפע ו	MINE MURE IIII WANDA MAIDAN (1 1884
D	O NOT WRITE  6. Name and Address of Current Re		CE	03182005 No Chg-P Cl 4. FEI Number 01-0718661 5. Certificate of Status Desired	R2E034 (10/03)  Applied For Not Applicable
HALL, CHARLES E 77 ALMERIA ST ST AUGUSTINE, FL 32084			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 of registered agent and title if epolicable. (NOTE 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 Added to Fees					
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS OGRAM, JANE M 202 HARVARD RD ST AUGUSTINE, FL 32086	RECTORS		Andrew Control of the	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	T OGRAM, JANE M 202 HARVARD RD ST AUGUSTINE, FL 32086			U0000033 04/28/05-80	9711 088-003 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WR	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		- Land		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5 <u></u>			
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.					

ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE: