2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU 1. Entity Nan ALL TOC		325		Feb 02, 2005 (Secretary o	08:00 AM f State	•
Principal Plac	ce of Business	Mailing Address				
22 LURA LA MERRITT IS	ANE SLAND FL 32753	22 LURA LANE MERRITT ISLAND FL	32753			
	,					
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt	*, etc.	Suite, Apt. #, etc.		1st MOORE CR2E	034 (10/04)	
City & Sta	te	City & State	<u> </u>	4. FEI Number 75-3060412	Applied For Not Applicab	ıle
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registe	red Agent	
			Name			
699	LES, LENA M 96 EVERGREEN DRIVE COA FL 32927		Street Addres	ss (P.O. Box Number is Not Acceptable)	 	
			City		FL Zip Code	
8. The above	 e named entity submits this statement	for the purpose of changing it		stered agent, or both, in the State of Florida. I	. <u></u> .	٥t
the obliga	itions of registered agent.					
90	alloris of registered agent.					
SIGNATURE		and title if applicable (NC	OTE Registered Agent signature requ	rutred when reunstating) DV	ATE .	
SIGNATURE F After	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150,00 r May 1, 2005 Fee Will Be \$550.0	00	OTE Registered Agent signature requ	9. Election Campaign Fir	nancing \$5.00 May B	le
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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

SIGNATURE:

Lena m. Shiles V.f., a dom 31 05 321-453-650