2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2005 08:00 AM Secretary of State

	ANNUAL	REPORT ,	<u></u>		 Feb 24. 	2005 08:00 A
1. Entity Nam	MENT # P020000588	326				etary of State
Principal Plac	e of Business	Mailing Address				
4170 CANAL		PO BOX 885				
FORT MYERS	S, FL 33916 ⁻	CICERO, IN 46034				
					E ERRE FRANK DENNY E ENY DENNY DENNY	
				01252005	No Chg-P C	R2E034 (10/03)
DO NOT WRITE IN THIS SPACE				4. FEI Numbe		Applied For
				55-078		Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional
	& Name and Salaron of Comment D	national Appet				Fee Required
	6. Name and Address of Current R	edistered Adent		 = 2, 2 2, 2, 2, 2		 .
ELBRECH	IT, CHRISTOPHER W			DO	NOT WO	TE
4170 CANAL RD				DO NOT WRITE		
FORT MY	ERS, FL 33916	44.4		IN T	THIS SPA	CE

· 						William Control of the State of
	named entity submits this statement for	he purpose of changing its registe	red office or register	ed agent, or bot	h, in the State of Florida.	I am familiar with, and accept
the obligat	tions of registered agent	11.				ا . ا
SIGNATURE.	Chu (15 rec)	<u>vt</u>			<u> 2 i</u>	7/05
	Signature, typed or printed name of registered agent an	title if applicable (NOTE Register	ed Agent signature required	when reinstaling)		DATE _
		9. Election Campaign Fina	ncina \$5	00 May Be		
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00			ed to Fees		
10.	OFFICERS AND D	BECTORS	_			
TITLE	D	1	- `			
NAME	ELBRECHT, CHRISTOPHER W					
STREET ADDRESS	4170 CANAL RD					
CITY-ST-ZIP	FORT MYERS, FL 33916	<u> </u>				100.0
TITLE	D					028-411 150.00
NAME	ELBRECHT, APRIL				1 Sect to 12 55 5 7 7 00	STELL THE COURT OF
STREET ADDRESS	4170 CANAL RD.					
CITY - ST - ZIP	FORT MYERS, FL 33916					
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP				DO	NOT WR	ITE.
TITLE		<u> </u>		INI T	THIS SPA	^ E
NAME				1171	I DIO OFA	CE
STREET ADDRESS						
CITY-ST-ZIP			4			
TITLE			1			
NAME STREET ADDRESS						ŀ
CITY-ST-ZIP						
TITLE		<u> </u>			 	
NAME			1			
STREET ADDRESS						
CITY-ST-ZIP					ON ASSESSMENT ASSESSME	The second secon
المعاممات ا	certify that the information supplied with ti	us and conjuste and that my plant	stura chall have the e	nama laggal elfact	ac if made upder eath i	that I am an afficer or director
of the cor	on this report or supplemental report is to poration or the receiver or trustee empow , or on an attachment with an address, with	ered to execute this report as requ	ired by Chapter 607	, Florida Statutes	s; and that my name app	ears in Block 10 or Block 11 if
cnanged,	, or on an attachment with an address, wi	n all other like empowered.				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: