## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

MATURE AND TYPE

Apr 22, 2005 08:00 AM Secretary of State **DOCUMENT # P02000067558** 1. Entity Name ETREAD, INC. Mailing Address Principal Place of Business 5411 WEST TYSON AVENUE **5411 WEST TYSON AVENUE** TAMPA, FL 33611 TAMPA, FL 33611 04192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 47-0871310 Not Applicable \$8.75 Additional 赵 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KEARNEY, JOHN E JR DO NOT WRITE 5411 W TYSON AVENUE TAMPA, FL 33611 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstaling) DATE U00000324829 04/22/05-80108-007 158.75 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  $\Box$ Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MCCLOY, ALFRED A STREET ADDRESS 5411 W TYSON AVENUE TAMPA, FL 33611 CITY-ST-ZIP TITLE KEARNEY, JOHN E SR NAME 5411 W TYSON AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 DCH TITLE TOMION, JON NAME 5411 WEST TYSON AVENUE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TAMPA, FL 33611 IN THIS SPACE **DVPS** TITLE NAME KEARNEY, JOHN E JR 5411 WITYSON AVENUE STREET ADDRESS TAMPA, FL 33611 CITY-ST-73P TITLE NAME STREET ADDRESS CLTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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.

R OR DIRECTOR

**FILED**