2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

	ANNUAL	REPORT)	SCCI Clai	yu	1 Du	aic	
DOCUMENT # P02000069554						04-18-2005 90	339 00)4 ***150	00.C	
	e RAY DAVIS, P.A.									
Principal Plac	e of Business	Mailing Address	<u> </u>				5	00383	207	
420 ROBBINS REST CIRCLE DAVENPORT, FL 33896		717 E. OAK ST. Kissimmee, Fl. 34744		٠			U 1	,,,,,,) U (
Principal Place of Business 3. Mailing Address										
806 LuckyWorld Dr.		d. memographic			1	MUNICULINGIF ANIA MUNICULINA (U		il Bital Billi Bil	JOHN II JOHN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02182005	Chg-P	CR2E03	14 (1Ò/03)		
City & State Davenport, FL		City & State			4. FEI Numbe 01-072)— —	plied For .	
Zip Country 33897 US		Zip Country				of Status Desired		8.75 Add	itional	
6. Name and Address of Current Registered Agent					7. Name and	Address of New Reg				
BAUMRUK, ANDY J			Name (Name Curtis R. Davis						
717 E. OA	K ST.	Street Address			(P.O. Box Number is Not Acceptable) Lucky World Drive					
KISSIMME		000	Lucky	WOLIG DII	ve					
			City	Davenport FL 33897					97	
	named entity submits this statement to ions of registered agent.	the purpose of changing its re	egistered office or	r register	ed agent, or bo	th, in the State of Florid	a. I am fa	ımiliar with,	and accept	
SIGNATURE	This In	and title if applicable. INOTE:	Registered Agent signati	ure required	when reinstating)		DATE			
:	· * * * * * * * * * * * * * * * * * * *						JAIL .			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	~ —	\$5. Add	00 May Be ed to Fees					
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFICE				
TITLE NAME	PST DAVIS, CURTIS R	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS	420 ROBBINS REST CIRCLE DAVENPORT, FL 33896		STREET ADDRESS CITY-ST-ZIP			World Dr				
TITLE	VPT	☐ Delete	TITLE	34.	<u> </u>	,		★ Change	Addition	
NAME	DAVIS HOLLAND, JULIA A		NAME	906	Tuales	Wowld De				
STREET ADDRESS CITY-ST-7IP	420 ROBBINS REST CIR. DAVENPORT, FL 33896		STREET ADDRESS CITY-ST-ZIP	1	_	World Dr , FL 3389				
TITLE		☐ Delete	TITLE	Day	<u>chpor</u>	, 12 3303	<u>-</u>	☐ Change	Addition	
NAME			NAME		•					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP					4.	•	
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS			name Street address	1						
CITY-ST-ZIP	·		CITY_ST-ZIP							
TITLE		☐ Delete 's':	TITLE				-	☐ Change	Addition	
I NAME			■ NAME	i						

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 of 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 additass, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #