## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE'S

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 16, 2005 08:00 AM
Secretary of State

Daytime Phone #

DOCU  1. Entity Nam PHIXER2		07		Secretary of State	e-
6947 OLDG/	ATE CIR	Mailing Address 6947 OLDGATE CIR NEW PORT RICHEY, FL 34655			
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E	O NOT WRITE I	N THIS SPA	CE	01212005         No Chg-P         CR2E034 (10/03)           4. FEI Number         Applied For Not Applicab	ole
			A New York	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current Reg	Istered Agent		70. a 20.00 2.00	322
ROPPOLO 6947 OLD NEW POR				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 profiled name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE					
After M	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.00	Election Campalgn Finan     Trust Fund Contribution.	· +0.	5.00 May Be idded to Fees	
TITLE	OFFICERS AND DIRI	ECTORS	<u> </u>		
NAME STREET ADDRESS CITY - ST - ZIP	ROPPOLO, GARRY 6947 OLDGATE CIR NEW PORT RICHEY, FL 34655			····	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROPPOLO, TREVOR 6947 OLDGATE CIR NEW PORT RICHEY, FL 34655			04./16.05-80071-014 150.00	- -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROPPOLO, MARC 6947 OLDGATE CIR NEW PORT RICHEY, FL 34655			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROPPOLO, REBECCA 6947 OLDGATE CIR NEW PORT RICHEY, FL 34655	£		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Harris Company	The second secon	3
TITLE NAME STREET ADDRESS CITY-ST-ZIP			A AN		_ :
12. I hereby of indicated of the conchanged,	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with a	filing does not qualify for the exer and accurate and that my signat ad to execute this report as requir all other like empowered.	nption stated in Seure shall have the s red by Chapter 607	Section 119.07(3)(i), Florida Štatutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if	f