## 2005 FOR PROFIT CORPORATION

## **FILED AM**

ANNUAL REPORT			Feb 10, 2005 08:00 A		
MENT # P020001 iLDERS, INC.	05673			Se	cretary of State
e of Business _ FIELD DR GE, FL 32129	Mailing Address 4605 WELLFIELD DR PORT ORANGE, FL 32129				81 HOR BOURG BUILD BOD DOBBO SHIEGO U ICUR
OO NOT WRIT	TE IN THIS SP	ACE	01222005 4. FEI Numb 02-064	No Chg-P er 5957	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
JOHN LYDE MORRIS BLVD. ANGE, FL 32129			IN <sup>-</sup>	THIS SF	PACE
ions of registered agent.  Signature, typed or printed name of registered	agent and title if applicable. NOTE Rep	gislered Agent signature require	d when reinstating)	U0000(	DATE  0222816 -80019-004 150.00
OFFICERS PD O'HARE, JOHN 4605 WELLFIELD DR PORT ORANGE, FL 32129	AND DIRECTORS				
	DO NOT WRITED DR  6. Name and Address of Cur  6. Name and Address of Cur  10HN LYDE MORRIS BLVD. ANGE, FL 32129  The statement of registered agent.  Signature, typed of printed name of registered agent.  Signature, typed of printed name of registered agent.  PD O'HARE, JOHN 4605 WELLFIELD DR	Mailing Address  4605 WELLFIELD DR  PORT ORANGE, FL 32129  Mailing Address  Mailing Address  4605 WELLFIELD DR  PORT ORANGE, FL 32129  Mailing Address  Mailing Address  4605 WELLFIELD DR  Mailing Address  Maili	e of Business Mailing Address FIELD DR 4605 WELLFIELD DR PORT ORANGE, FL 32129  DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  JOHN LYDE MORRIS BLVD. ANGE, FL 32129  Inamed entity submits this statement for the purpose of changing its registered office or registe lons of registered agent.  Signature, typed of printed name of registered agent and site if applicable.  Signature, typed of printed name of registered agent and site if applicable.  TOTE Registered Agent signature require ay 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  PD O'HARE, JOHN 4605 WELLFIELD DR	ILDERS, INC.  e of Business  Mailing Address  1ELD DR  4605 WELLFIELD DR PORT ORANGE, FL 32129  01222005  4. FEI Numb 02-064  5. Certificate  6. Name and Address of Current Registered Agent  IOHN LYDE MORRIS BLVD. ANGE, FL 32129  IN This statement for the purpose of changing its registered office or registered agent, or botons of registered agent.  Spoulure, upod of printed name of registered agent and sile if applicable.  NOTE Registered Agent in the first fluggistered Agent agent and sile if applicable.  Spoulure, upod of printed name of registered agent and sile if applicable.  PROWILL FEE IS \$150.00 Trust Fund Contribution.  OFFICERS AND DIRECTORS  PD O'HARE, JOHN 4605 WELLFIELD DR PORT ORANGE, FL 32129	Mailing Address a of Business

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 eath; 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.

STREET ADDRESS C!TY-ST-ZIP

SIGNATURE: JOHN O'HARS SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR

386-566-0547

Daytime Prone #

Date