## 2005 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** Apr 11, 2005 08:00 AM

	WILL OW !	7FL 017 1				1, 2000 00.00	
1. Entity Nam	MENT # P03000006			Sec	cretary of Stat	e	
Principal Place of Business Mailing Address 212 HICKMAN DRIVE 212 HICKMAN DRIVE SANFORD, FL 32771 US SANFORD, FL 32771 US					a dulah ilek dulah dukik diela	I BBIN BBIN BBIN BBIN ANN ANN DINIBBI II SAND	
DO NOT WRITE IN THIS SPACE				04062005  4. FEI Numb 13-422	No Chg-P	CR2E034 (10/03)  Applied For Not Applicate  \$8.75 Additional Fee Required	ile
	6. Name and Address of Current Reg	istered Agent					
WATREN, LARRY D 212 HICKMAN DRIVE SANFORD, FL 32771			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				ed when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finanticular Trust Fund Contribution.			~ — +-	5.00 May Be ded to Fees		99872	
10.	OFFICERS AND DIR	ECTORS			04/11/02-0	0125-019 150.00	
TITLE	P WATEEN LABOVE		ļ				
NAME STREET ADDRESS	WATREN, LARRY D 212 HICKMAN DRIVE		i				
CRY-ST-ZIP	SANFORD, FE 32771						
TITLE		- mr	1				
NAME STREET ADDRESS CITY-ST-ZIP				<u>.</u>			
TITLE			1				
NAME							
STREET ADDRESS CITY-ST-ZIP				DO	<b>NOT W</b>	RITE	
TITLE	The second secon	**** * * * * * * * * * * * * * * * * *	ł				
NAME				IN	THIS SP	ACE	
STREET ADDRESS	··· ·	•					
CITY-SI-ZIP			<b>[</b> - —				
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP			1		,		
TITLE			]				ļ
NAME CORECT ADDRESS			Ì				
STREET ADORESS CITY-ST-ZIP							
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 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.							
	1/2 11/8/2	an other like empowered.				407-327-1234	
SIGNAT	URE: Jarry Ware	77 U	<u></u>	7	12/02	101-301-123	Ιl