2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 08:00 AN Secretary of State

ANNUAL REPORT					Secretary of State			
1. Entity Nam	MENT # P0300002340			Seci	retary of St	late		
1 '		ailing Address		1				
3106 COROL TARPON SPE		3106 CORONET CT. TARPON SPRINGS, FL 34688	• • •					
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Г	O NOT WRITE I	CE	04262005	No Chg-P	CR2E034 (10/03)	d For		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	4. FEI Numbe 05-055		Not Ap	plicable		
			, · · · · · · · · · · · · · · · · · · ·	5. Certificate	of Status Desired	\$8.75 Addition Fee Required	ıal	
	5. Name and Address of Current Regis	stered Agent		2				
DICKSON, SHELBY K 3106 CORONET CT.)-	DO	NOT WE	RITE		
TARPON SPRINGS, FL FL				IN 7	THIS SPA	ACE		
5. The above	e named entity submits this statement for the patients of registered agent.	ourpose of changing its register	ed office or registe	red agent, or bot	h, in the State of Flori	da. I am familíar with, and	accept	
SIGNATURE.			 		 			
	Signature, typed or primed name of registered agent and title	if applicable (NOTE: Registerer	d Agent signature require	a when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 7 Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees				
10.	OFFICERS AND DIRE	CTORS			C Comment			
NAME STREET ADDRESS CITY-ST-ZIP	MR DICKSON, STEPHEN T PRES 3106 CORONET CT. TARPON SPRINGS, FL 34688		Marier III.	·····	00000031 05/05/05-86	52654 3124-024 150.0	10	
TITLE	MRS				A.G.			
NAME STREET ADDRESS	DICKSON, SHELBY K VP 3106 CORONET CT		1					
CITY-ST-ZIP	TARPON SPRINGS, FL 34688							
TITLE NAME		and the second s						
STREET ADDRESS CITY-ST-ZIP			[DO	NOT WI	RITE		
TITLE NAME	7 SHAV (S.	<u>.</u>		IN T	THIS SPA	ACE		
STREET ADDRESS CITY-ST-ZIP							•	
TITLE			1					
STREET ADDRESS	}]	****				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 of 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.

CICMATUDE.

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 934 929 Devime Phone #