## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 04, 2005 08:00 AN Secretary of State

| 1. Entity Nan   | MENT # P0300004751  |  |   |  | cretary or sta   |   |
|---|---|--|---|--|--|---|
| 613 LOCUST  | STREET  | ailing Address<br>613 LOCUST STREET<br>ARPON SPRINGS, FL 34689 |   |  |  |   |
| DO NOT WRITE IN THIS SPACE  |   |  |   | 01262005 No Chg-P CR2E034 (10/03)  4. FEI Number |  |   |
| 6. Name and Address of Current Registered Agent  FOSTER, ALEXANDER K 613 LOCUST STREET TARPON SPRINGS, FL 34689 |   |  |   |  | NOT WRI  | i i                                     |
| 8. The above the obligate SIGNATURE.  | named entity submits this statement for the joins of registered agent  Signature. Niped or printed name of registered agent and title                   |  | ed office or register   |  | oth, in the State of Florida.  | I am familiar with, and accept          |
| FIL<br>After M  | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00   | 9. Election Campaign Finar<br>Trust Fund Contribution          | Election Campaign Financing Trust Fund Contribution  St.00 May Be Added to Fees   |  | U00000314831<br>02/04/05-80027-019 150.00  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIRECT PTSD FOSTER, ALEXANDER K 613 LOCUST STREET TARPON SPRINGS, FL 34689   | CTORS  |   |  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | processe waters of the commission constitutions   | Oddall Fellen Comment of the Comment             | a gog Manadharan Mark (n. g. a. n.   | 2 1, viv. 1 1 1, 1000min                |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  | an ang ng sa transportation and game games and  | •  | NOT WRI  |   |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  | Mark of the State | IN T   | THIS SPAC  | <b>DE</b>                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | ig was sa whomen, I the amount of the   | nin di salahasindan pin s                        | ggetyggi. Bernongyd 🛫 acco. www.woggib (g phyl f Goos)   | i e e e e e e e e e e e e e e e e e e e |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP   |   |  | No prayyge, This is necessary to  | (www. ( • e <sup>ma</sup> books) ∪ kke           | <del>nga</del> ngga penambahan alam bandan ba |   |
| mulcaled  | entify that the information supplied with this fill<br>on this report or supplemental report is true a<br>poration or the receiver or trustee empowered | no accurate and that my signat                                 | nption stated in Sec<br>ure shall have the s  | ction 119.07(3)(                                 | i), Florida Statutes, I furthe   | er certify that the information         |

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: