2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nan	MENT # P030000					Se	creta	ry oi	State
Principal Plac	ce of Business	Mailing Address	·-·	· · · · ·	7	-			_
1614 GULF I TARPON SPE	RD. RINGS, FL 34689	1614 GULF RD. TARPON SPRINGS, F	L 34689			el Pulma viili marki karel Bak	- It SSIEt SKIB et	rhad lawerk (Mikean) IMI	ltwet ti in at
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	-	Suite, Apt. #, etc.			02182005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Numb 76-073				plied For t Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curr	ent Registered Agent	- 	Name	7. Name and	d Address of New F	egistered A	gent	
SMITH, LII 1614 GUL TARPON :				(P.O. Box Numb	per is Not Acceptable	9)			
				City		<u> </u>	FL	Zip Code	Э
	named entity submits this statementions of registered agent.	nt for the purpose of changing	its register	ed office or registe	ared agent, or bo	oth, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered a	gent and title if applicable (N	OTE Registere	ed Agent signature require	ed when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55	9. Election Cam Trust Fund Ca		noing \$5	5.00 May Be ded to Fees				
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME	PSD SMITH, LISA	□ Delete	TITE. Nam					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1614 GULF RD.			EET ADDRESS /-Si-ZIP		UCIONAN 04/16/05-	310128 80064-	; -019 15	0.00
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STREET ADDRESS CITY-ST-ZIP			STRI	EET ADDRESS '- SI-ZIP					
TITLE NAME		☐ Delete	TITL'	- 1				☐ Change	Addition A
STREET ADDRESS CITY-ST-ZIP			STRE	eet address /-st-zip				. <u>.</u>	
TITLE NAME		☐ Delete	TITE NAM	1				☐ Change	Addition
STREET ADDRESS City-ST-ZIP			STRE	EET ADDRESS '-SI-ZIP			···-	_ <u></u>	
TITLE NAME	, , , ,	☐ Delete	TITL:	- í	••	. –	•	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	EET ADDRESS /-SI-ZIP					
TITLE NAME		☐ Delete	TITL NAM		=======================================			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	EET ADDRESS '- ST-ZIP					
12. I hereby of indicated of the cor	certify that the information supplied of this report or supplemental report or supplemental report or supplemental report or trustee end, or on an attachment with an address.	with this filing does not qualify ort is true and accurate and the mpowered to execute this rep	for the exe at my signa ort as requi	emption stated in S ture shall have the ired by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes, of as if made under es; and that my nam	I further cert path; that I a appears in	ify that the in m an officer i Block 10 or	formation or director Block 11 if
	1/ 6//1	ss, with all other like empower	ed.			2/18/2			
SIGNAT	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	V TEG (TR DIBEC	TOR		~ 11010J		autimo Phoine è	