## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Name	MENT # P03000058					•	
Principal Place 7609 SW 19 GAINESVILLE	TH PLACE	Mailing Address 7609 SW 19TH PLACE GAINESVILLE, FL 32607		1 ( <b>1887) (28</b> )	<b>Maia</b> 15511 <b>Ma</b> 551 <b>Ma</b> 115 <b>Ma</b> 1	- 	
D	O NOT WRITE  6. Name and Address of Current R		CE	07062005 4. FEI Number 81-062		CR2E034 (	
7609 SW 1	GE, MICHAEL B 9TH PLACE LLE, FL 32607	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  Signature, typed or provided name of registered agent and title if applicable (NOTE Registered Agent signature required when robustaling)  PILE NOW!!! FEE IS \$550.00  9. Election Campaign Financing \$5.00 May Re							
Di	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005		.00 May Be ed to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTRIDGE, MICHAEL B 7609 SW 19TH PLACE GAINESVILLE, FL 32607	IRECTORS .			U00000 07/07/05-	371117 -80003-02	3 550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			<u></u>				
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_			
TITLE NAME STREET ADDRESS CITY - ST - ZIP						· <del>-</del>	
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.							
SIGNATURE:    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daylor Priors *							

352-335-3802