2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # P0300006240				Seci	ctary or Sta	
Principal Place 1947 COLOI FT MYERS, F	NIAL BLVD	lailing Address 2 0 BOX 6520 -T MYERS, FL 33911	· -				ı
C	OO NOT WRITE II		CE	04232005 4. FEI Numbi 33-105	No Chg-P	CR2E034 (10/03) Applied Fo Not Applie \$8.75 Additional Fee Required	or
3522 SE 5	6. Name and Address of Current Regis RNE, ROBERT A 5TH PL RAL, FL 33905	DO NOT WRITE IN THIS SPACE					
the obligation	Signature, typed or printed name of registered agent and little		d Agent signature required	when reinstating)	th, in the State of Flori	da. I am familiar with, and acc	ept
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		00 May Be ed to Fees			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANIC, TAMARA J P O BOX 6520 FT MYERS, FL 33911				-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U000003 04/27/05-8 —	333806 80019-007 150.00	
TITLE NAME STREET ADDRESS CITY - S1 - ZIP				DO	NOT WI	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPA	ACE	
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12. Thereby of indicated of the corchanged,	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with al	ling does not qualify for the exer and accurate and that my signat d to execute this report as requir I other like empowered.	mption stated in Sec ure shall have the s ed by Chapter 607,	ction 119.07(3)(i ame legal effec Florida Statute	i), Florida Statutes. I fit t as if made under oa s; and that my name a	urther certify that the information th; that I am an officer or direct appears in Block 10 or Block 1	n or 1 if