## 2005 FOR PROFIT CORPORATION

## **FILED** AM

ANNUAL REPORT					Apr 21, 2005 08:00		
1. Entity Nam	MENT # P0300006				cretary of State		
3430 N TAMIAMI TRAIL		Mailing Address 3430 N TAMIAMI TRAIL SARASOTA, FL 34234		! <b>[[]</b>	II BERTA DIKU BERK SERIA BERK B	LICAR BARNA BANAR BUNA BURBA KIRBA BANA BARABAR NA KREK	
C	OO NOT WRITE	PACE	01272005 No Chg-P CR2E034 (10/03)  4. FE) Number				
	6. Name and Address of Curren	t Registered Agent	<del></del>				
1800 SEC	DAVID A ESQ. OND ST STE 830 TA, FL 34236	-			NOT WF THIS SPA		
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or register	ered agent, or bo	oth, in the State of Florid	da. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered again	t neg tile i grejinskie (MOTE	E. Registered Agent signature require	ad when reineratine)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campai	ign Financing\$!	5.00 May Be ided to Fees			
10.	OFFICERS AND	DIRECTORS	<u></u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HILL, STEWART 2850 DESOTO RD SARASOTA, FL 34234						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DIGGS, NANNIE R 2850 DESOTO RD SARASOTA, FL 34234				U000003 04/21/05-8	21710 0089-013 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WE	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-=-	IN '	THIS SPA	ACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		2-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description of the information supplied with this filling 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, I further certify that the information indicated on this report or supplemental report is true and officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated on this report or trustee.