## 2005 FOR PROFIT CORPORAȚION ANNUAL REPORT

## FILED Mar 04, 2005 08:00 AM Secretary of State

5. Certificate of Status Desired Sans Desired Fee Required  6. Name and Address of Current Registered Agent  AIRTH, HAL A JR.  500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801  5. Certificate of Status Desired Fee Required  Fee Required  IN THIS SPACE			MINONE II				C	, — -	CCI	
DO NOT WRITE IN THIS SPACE    Applied For 20-0078712   Applied For 20-0	1. Entity Nam	i <del>e</del>	300007532	7			5	ecretai	y of Stat	
DO NOT WRITE IN THIS SPACE  1. Name and Address of Current Regulareral Agent  AIRTH, HAL A.R. SGO SOUTH FLORIDA AVENUE SUITS 800  LAKELAND, FL 33801  1. THIS SPACE  1. The above named entity submits titls statement for the purpose of changing its registered office or registaced agent, or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent, or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent, or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of Parist. I am lumillar with, and accept the colligations of registaced agent. Or both, in the State of P	229 SOUTH :	florida avēnue		115 WHITE TAIL TRAIL				() <b>24</b> 14 <b>1252 2</b> 17 <b>25</b> 11	NE FRENT SEMSOMBLE TO CHES	
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AIRTH, HAL A JR. SOS SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature File Now!!! FEE IS \$150.00 Attor May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. U00000251238  11. U00000251238  11. U00000251238  11. U00000251238  11. OVAYMIRE, REX  11. OVAYMIRE						20-007	8712		Not Applicable 75 Additional	
ARTH, HAL A JR.  500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801  8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 an hamillar with, and accepted to be obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10OFFICERS AND DIRECTORS  TIME MAKE SIRELY LORGESS CITY-ST-2P  UNAVMIRE, VICTORIA 2115 WAITE TAIL TRAIL LAKELAND, FL 33811  THE NAME SIRELY LORGESS CITY-ST-2P  UNAVMIRE, REX SIRELY LORGESS CITY-ST-2P  TITLE NAME SIRELY LORGESS SIRELY LO		6. Name and Add	ess of Current Regis	tered Agent	sames parting takens	yaya Ayayara A ri			.अ ः। स्टब्स्ट्रिक्ट अस्टब्स्	
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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.

3-1-05

863-686-1134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ORIGER OR DIRECTOR