2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P03000101	134				-28-2005 9020)1 015 ***150.	
Original Otes	a of Durings	Mailing Address H4	77	L	-{			
Principal Place of Business Malling Address 4211 US 1 SOUTH 4211 US 1 SOUTH			~1 .		· .			
	NE, FL 32086	ST. AUGUSTINE, FL 32086			1			
31. AUGUSTII	NE, 1 E 32000	31. MOODSTINE, FE 32	2000					
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2. Principal P	lace of Business	3. Mailing Address						
		<u> </u>					M 4401 ES(E) (BE 11949	MI 6/5/6-1 W 15-1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222005	Chg-P	CR2E034 (10/	03)	
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City & Stat	e	City & State			4. FEI Number		ļ_	Applied For
7:0		7:-	1 0	•	20-0222	967		Not Applicable
Zip	Country	Zip	Coun	ury	5. Cortificate of	f Status Desired	58./5 Fee Rec	Additional
	6. Name and Address of Current	Registered Agent	٠		7 Name and 4	Address of New R		
	o. Name and Address of Current	Hogisteroo Agent		Name	77- Italia alia a	Address of New Tr	egiatered Agent	 -
O'CONNE	LL, W. HENRY CPA	•			 			
	ONCE DE LEON BLVD.	· • ·		(P.O. Box Number	is Not Acceptable)		
SUITE 10								
ST. AUGU	STINE FL 32084			ł				
-				City			FL Zip	Code
P. The shave	named entity submits this statement for	er the average of changing it	e coaletor	od office or regist	accid acout as both	is the State of Cla		with and speept
the obligat	tions of registered agent.	in the purpose of changing it	s register	ad onice or redist	ered agent, or both	, in the state of hic	nica. Tamiamiai	with, and accept
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SIGNATURE.	Classic	and all of a second sec	, 75. D. Jaren	id Agent signature requi			DATE	
	Signature, typed or printed name of registered agent	апа идо и вррисами, (NO	TE: NODISION	O Agont signature requi	ec water (emstacing)		OATE	
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After M	ay 1, 2005 Fee will be \$550.	Trust Fund Cor DIRECTORS	ntribution.	Ā	ided to Fees	CHANGES TO OFF	ICERS AND DIREC	
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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

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEORGE J. RHODEN 4-26

Daytime Phone #