2005 FOR PROFIT CORPORATION, ANNUAL REPORT

FILED Feb 15, 2005 08:00 AM Secretary of State

1. Entity Nar	IMENT # P03000109	187			Secr	etary of State
1 .	ce of Business COUNTY RD, 484 , FL 34420	Mailing Address 11960 SE COUNTY RD. 484 BELLEVIEW, FL 34420		 	111 Kuren 1220 Ku re K ali K ali K	MATINE FATON (CANO) NATUS NAMEDANIS NI TRANS
С	OO NOT WRITE		CE	02072005 4. FEI Numb 20-027	No Chg-P C	R2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
	_				NOT WRI	
the obligat	e named entity submits this startment for the startment of the startment for the sta	lille if applicable. (NOTE. Registere	d Agent signature required	when reinstating)	2-7	- 05
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00			00 May Be d to Fees	tinoono23 02/15/05-80	0323 037-018 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND DI D ANDRIKOS, GREG 11960 SE COUNTY RD. 484 BELLEVIEW, FL 34420	RECTURS				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		77-			·	
12. I hereby condicated of the correctanged,	ertify that the information supplied with this on this report or supplemental report is tru conation or the receiver of trustee empower or on an attachment with an address, with	s filing obes not qualify for the exent e and accurate and that my signate red to execute this report as require fall other like empowered.	nption stated in Secure shall have the sa ed by Chapter 607,	tion 119.07(3)(me legal effec Florida Statute	i), Florida Statutes. I furthe it as if made under oath; th s; and that my name appe	certify that the information at I am an officer or director ars in Block 10 or Block 11 if
SIGNAT	URE: SIGNATURE AND TYPED OR SOUTH	TED NAME OF SIGNING OFFICER OR DIRECTO	DR .	<u> </u>	05 359	-307-1667 Daytime Phone #