


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000111553	
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Principal Place of Business 117 SOUTH US HWY 41 INVERNESS, FL 34450	Mailing Address 117 SOUTH US HWY 41 INVERNESS, FL 34450
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**DO NOT WRITE IN THIS SPACE**



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0361966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DIXON, C.J.  
117 S. HWY 41  
INVERNESS, FL 34450

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIXON, C.J. 117 SOUTH US HWY 41 INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIXON, SWANTSE 117 S. HWY 41 INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVIS, ROBERT 117 SOUTH US HWY 41 INVERNESS, FL 34450
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07/18/05-80012-017 150.00

**DO NOT WRITE  
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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.

SIGNATURE:  11 Jul 05 (352) 726-5855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #