## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED** 2005 08:00 AM

1. Entity Nam	MENT # P030001149	979				eretary of State					
Principal Plac	ce of Business	Mailing Address	\$ 100 m	1							
3737 N MAII		3737 N MAIN ST		-		<del>-</del> -					
GAINESVILLE	E, FL 32609	GAINESVILLE, FL 32609	· = · _								
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n	O NOT WRITE	IN THIS SPA	CF	07272005	No Chg-P	CR2E034 (10/03)					
_	,	11 11 11 10 OI A	.0_	4. FEI Numb 20-084		Applied For Not Applicable					
				5. Certificate	of Status Desired	\$8.75 Additional					
	6. Name and Address of Current Re	egistered Agent		L	marking and analysis in	Fee Required					
01:111:051		-	<u> </u>			—					
111 SE 19	, JAMES S BT AVE		[	DO	<b>NOT W</b>	RITE					
	ILLE, FL 32601	<u>-</u>		IN.	THIS SF	ACE					
						AOL					
8 The above	named entity submits this statement for	เลียกลา อยู่ได้กับการประกับ ค่องการแก้ คือ	arád offica or récitate	red agent or bo	oth in the State of Flo	orida Lam familiar with and accept					
8. The above named entity submits this statement for the purpose of changing its registered office or régistered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent.											
the obligat	tions of registered agent.	_			SIGNATURE						
the obligat	lions of registered agent.	Bie i applicable (NOTE Regist		o when reinstating)		DATE					
the obligate	lions of registered agent.		ned Agéin signalure réquirec	o when reinstaling) .00 May Be ded to Fees	In accordance v	with s. 607.193(2)(b), F.S., the not receive the prior notice.					
the obligate	Signature, typed of printed name of registered agent and LE NOWILL FEE IS \$150.00 ue by September 7, 2005  OFFICERS AND DE	S. Election Campaign Fir  Trust Fund Contribution	ned Agéin signalure réquirec	.00 May Be	In accordance v	with s. 607.193(2)(b), F.S., the					
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12. I hereby certify that the information supplied with this tilling 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 cath; that I am an officer or director of the corporation or the receiver or trouve 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:

STORM OR DIRECTOR

407-438-2020