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

## **FILED** Apr 14, 2005 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent Name	ed For
310 OKEECHOBEE BLVD, STE 100 WEST PALM BEACH, FL 33401  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Country  Tourish Agent  Tourish BEACH, FL 33401  Applie  Tourish BEACH, FL 33401  Applie	ed For
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4072005 Chg-P CR2E034 (10/03)  City & State  City & State  City & State  4. FEI Number 77-0610656  Not A  Zip  Country  Zip  Country  5. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent  Name	ed For
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4072005 Chg-P CR2E034 (10/03)  City & State  City & State  City & State  4. FEI Number 77-0610656  Not A  Zip  Country  Zip  Country  5. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent  Name	ed For
City & State Applie 77-0610656 Not A  Zip Country S. Certificate of Status Desired Fee Required Fee Required Name Name	pplicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent Name	pplicable
5. Certificate of Status Desired     Fee Required     6. Name and Address of Current Registered Agent     Name     Name	nal
Name	
PRINCE DATE OF THE PRINCE OF T	
BREMER, PAUL COMMENT OF THE STREET Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  WEST PALM BEACH PL 33401	
WEST I ALIW DEAGUES 55401	
City FL Zip Code	
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, an	d accept
the obligations of registered agent.	
SIGNATURE Signature, typed of printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	_
CALL Indigensed Aftern and international and in a stress of the stress o	
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	111
TITLE DP ; Delete TITLE XX Change [	Addition
NAME RINKER, DAVID V NAME RINKER, David B.	
STREET ADDRESS  CITY-ST-ZIP  WEST PALM BEACH, FL 33401  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	
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NAME RINKER, LEIGHAN R NAME	
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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 secure 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:

SIGNATURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H-12-05 561-835-9200
Date Daytime Prone P