2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P0300012212	· 1			Secr	etary of State
Principal Place 25 WEST CE 311 PENSACOLA	DAR STREET	alling Address 25 West Cedar Street 311 Pensacola, FL 32502				
E	OO NOT WRITE I	CE	1	o Chg-P CR	2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
311		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 Signature, typed of printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be						
After M	ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIRE	Trust Fund Contribution.	Add	ed to Fees	শংক্রিক কেন্দ্র করে ।	
TUTLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, ANDREW F 25 WEST CEDAR STREET, SUITE 3 PENSACOLA, FL 32502			·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BELL, ANDREW F 25 WEST CEDAR STREET, SUITE 3 PENSACOLA, FL 32502	11		<u> </u>	- U00000266 1/17/05-800	024 14-005 150.00
NAME STREET ADDRESS CITY-ST-ZIP	DIR BELL, ANDREW F 25 WEST CEDAR STREET, SUITE 3 PENSACOLA, FL 32502	11			OT WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · ·			
12. I hereby of indicated of the corphanged	certify that the information supplied with this f I on this report or supplemental report is flue poration or the receiver of trustee empowere , or on an attachment with an address, with a	iling does not qualify for the exe and accurate and that my signal d to execute this report as requi ill other like encowered.	mption stated in Secure shall have the state of the state	ction 119.07(3)(i), Flor same legal effect as if , Florida Statutes; and	da Statutes. I further made under cath; tha that my name appea	certify that the Information at I am an officer or director ars in Block 10 or Block 11 if