2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIREC

Feb 21, 2005 8:00 am **Secretary of State DOCUMENT # P03000124173** 1. Entity Name 02-21-2005 90086 010 ***150.00 WILLIAM J. FLANNERY, JR. ENTERPRISES, INC. Principal Place of Business Mailing Address P.O. BOX 783 P.O. BOX 783 20014490 ZEPHYRHILLS FL 33539-0783 -ZEPHYRHILLS FL 33539-0783 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 54-2132365 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hannery FLANNERY, WILLIAM J JR. 38717 SOUTH AVE. ZEPHYRHILLS FL 33542 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. . TITLE PD TITLE ☐ Change Delete Addition FLANNERY, WILLIAM J JR. NAME NAME P.O. BOX 783 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33539-0783 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITE ☐ Defete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP 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.

FILED

Daytime Phone #