## 2005 FOR PROFIT CORPORATION \_\_\_ANNUAL REPORT

## FILED Aug 05, 2005 08:00 AM Secretary of State

		IUAL REPURI			– 🕝 Secretary of State
1. Entity Nar	MENT # P0300	00129383			
5211 1ST A	ce of Business .VENUE DR. N.W. N, FL 34209	Mailing Address 5211 1ST AVENUE DR. N.W. BRADENTON, FL 34209			
		RITE IN THIS SPA	CE	07112005  4. FEI Numb 20-037	
PLUM, LA 1800 2ND SUITE 745 SARASOT	URA A STREET	f Current Registered Agent	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, typed or printed name of registered agent and the if applicable. (NOTE Registered Agent agents required when rehistating)  DATE					
	LE NOW!!! FEE IS \$1! ue by September 7, 2		· _ ~ .	00 May Be	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P FREDDES, JARED 5211 1ST AVENUE DR. BRADENTON, FL 3420				—— H00000375714 08/1/5/05-86007-002 150.00
CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS					NOT WRITE THIS SPACE
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE					
name Street address City-St-Zip	ertify that the information win	blied with this filling does not qualify for the ever	potion stated in Soc	tion 119 07/2V	1) Florida Statutas   Buthar particulate information
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:					
		TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT	OR		Date Daytime Phone #