## FILED May 11, 2005 8:00 am Secretary of State

2005	FOR I	PROFIT	' CORP	ORAT	ION
	1A	INUAL	REPOR	<b>RT</b>	

1. Entity Nam	ne	# P0300013	5680 INCORPORATED.				90125 021 ***150				
Principal Plac	e of Busines	s	Mailing Address		1						
179 FAIRWA			179 FAIRWAY RD					•			
ROTONDA W	EST, FL 339	947	ROTONDA WEST, FL 3				•				
2. Principal P	lace of Busir	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04222005	Chg-P	CR2E034 (10/03)			
City & State			City & State			4. FEI Numbe	-3/35	-744 A	oplied For ot Applicable		
Zip Country		Zip Country		itry	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
20222					Name						
ROBERTS 179 FAIRV ROTONDA	VAY RD				Street Address (P.O. Box Number is Not Acceptable)						
KOTONDA	₹ ₩E31, F	· .									
		•			City			FL Zip Coo	ie		
			or the purpose of changing its	s register	ed office or register	red agent, or bot	h, in the State of Fl	orida. I am familiar with	and accept		
the obligat	tions of region	tered agent.		$\mathcal{L}$	_		(/ (	2 0/			
SIGNATURE.	lignatura tunas	or printed name of registered agen	Fand title if anglicable	TE: Page 19	d Agent signature required	d when reinstaling)	7-1	7-05			
		or printed name or registered again	and the wappinesses. (NO	12.116013120	a Agent signature required	a when sensething)	***************************************	UNIC			
FILE NOW!!! 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 OFF	ICERS AND DIRECTOR	IS IN 11		
TITLE	Р		☐ Delete	TITL				☐ Change	☐ Addition		
NAME STREET ADDRESS	JAMES, F	ROBERTS		MAM	ET ADDRESS						
CITY-ST-ZIP		A WEST, FL 33947			-ST-ZIP						
TITLE	\$T	<u> </u>	☐ Delete	TITL	<u> </u>			☐ Change	Addition		
NAME	1	S, MAUREEN		NAM	E			_ •			
STREET ADDRESS CITY-ST-ZIP	179 FAIR				ET ADDRESS -ST-ZIP						
TITLE	ROTOND	A WEST, FL 33947	☐ Delete	TITU				C) Change	☐ Addition		
NAME			□ Delete	NAM				☐ Change	☐ Addition		
STREET ADDRESS				STRE	EET ADDRESS						
CITY-ST-ZIP		. —		CITY	-ST-ZIP						
TITLE NAME			☐ Delete	TITLI				☐ Change	Addition		
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP	<u></u>			CITY	-ST-ZIP				,		
TITLE			☐ Delete	TITL				☐ Change	☐ Addition		
NAME STREET ADDRESS				NAM	EET ADDRESS						
CITY-ST-ZIP	l				+ST-ZIP						
TITLE			Delete	TITL	<u> </u>			☐ Change	Addition		
NAME				NAM	IE.			_ •			
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
	Cortify that th	e information question with	h this filing does not availée fo			action 110 07/01/	\ Elorida Pratuta-	I further cortify that the	nformation		
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.											
changed	or on an att	achment with an address,	with all other like empowered		ned by Chapter 60.	, , juniua sialule	a, ano maciny nam	нь арреата III БІОСК ТО С 	- GIOCK IIII		
SIGNATURE: \ LOwn C Kolents 4-17-05											