2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 08:00 AM Secretary of State

| 1. Entity Nam | MENT # P0300013723 | 32 | | Secretary of State |
|---|--|-----|----------------|--|
| Principal Place of Business Mailing Address 3230 WYNSTONE COURT 3230 WYNSTONE COURT SEBRING, FL 33872 SEBRING, FL 33872 | | | | |
| , R | | | | 01142005 No Chg-P CR2E034 (10/03) |
| DO NOT WRITE IN THIS SPACE | | | CE | 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired Sa.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | |
| JAMES F. MCCOLLUM, P.L. 129 SOUTH COMMERCE AVENUE SEBRING, FL 33870 | | | | 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 | | | | |
| Signalure, lyped of printed name of registered agent bridtille if applicable (NOTE Registered Agent signature required when 'binstating) DATE | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUDWIG, JEFFREY K 3230 WYNSTONE COURT SEBRING, FL 33872 | |) | UNOONO192225 01/25/05-80010-011 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - V | <u>- · · ·</u> | DO NOT WRITE |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| NAME STREET ADDRESS 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. | | | | |
| SIGNATURE AND THE PROPERTY OF | | | | |
| STARY K CORDING, INCLINE STARY INDING DA | | | | |