

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 OCT 21 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08092005 Chg-P CR2E034 (10/03)

4. FEI Number
43-2036068

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS, JASON
6555-138 OLD LAKE WILSON RD.
KISSIMMEE, FL 33896

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OFF
CROSIER, ALICIA
6555-138 OLD LAKE WILSON RD
DAVENPORT, FL 33896 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500060950665
10/26/05--01034--001 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RA
BASS, JASON
6555-138 OLD LAKE WILSON RD.
DAVENPORT, FL 33896 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200060950692
10/26/05--01034--002 **400.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
BASS, JASON
6555-138 OLD LAKE WILSON RD.
DAVENPORT, FL 33896 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Jason Bass - (acting as Secretary)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/05