2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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

			, , , , , , , , , , , , , , , , , , , 	i - Jan 24, 2005 vo	·VU 🎮
1. Entity Nam	MENT # P0300013966	7		Secretary of S	
4395 TIGER	CREEK TRAIL	iailing Address 1395 TIGER CREEK TRAIL AKE WALES, FL 33898			
j					
DO NOT WRITE IN THIS SPACE				11 (21703.100)	ed For Applicable
6. Name and Address of Current Registered Agent PRICE, KATHY 4395 TIGER CREEK TRAIL LAKE WALES, FL 33898				DO NOT WRITE IN THIS SPACE	
0 Th1		and the second s	ad affice as register	and agent as both in the Pters of Florida I am familiar with an	d accord
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 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				00 May Be ed to Fees	
10.	OFFICERS AND DIRE	OTORS			{
TITLE	PD	-			
NAME	PRICE, HARRY C		I		1
STREET ADDRESS	4395 TIGER CREEK TRAIL		5		1
CITY-ST-ZIP	LAKE WALES, FL 33898	W (// // // // // // // // // // // // /	1	·= ትውስራውስት ውና መንተ	ſ
TITLE			{	#M0000191971 	00 1
NAME	•		1	**************************************	.00
STREET ADDRESS			1		1
CITY-ST-ZIP		<u> </u>	j -	40 - 	
TITLE			{		}
NAME			Ī		- 1
STREET ADDRESS			1	DO NOT WRITE	1
CITY - ST - ZIP			.	* = · · · · · · · · · · · · · · · · · ·	j
TITLE			[IN THIS SPACE	{
NAME CIRCUT ADDRESS	{		1		
STREET ADDRESS CITY+ST-ZIP			ŧ		1
	- Address of the Control of the Cont	<u> </u>	ł		}
TITLE			l		ł
STREET ADDRESS			j		}
CITY+ST-ZIP			[<u> </u>	Ì
TITLE			1		1
NAME					ļ
STREET ADDRESS					}
CITY-ST-ZIP					1
10 I bosebu o	portify that the information a motion with this fi	ling dose not qualify for the aver	motion stated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the infor	mation
indicated of the corr changed,	on this report or supplemental report is true a poration or the receiveror trustee empowers or on an attachment with an address, with a	and accurate and that my signat to execute this report as require other like empowered.	ure shall have the s ed by Chapter 607,	ame legal effect as if made under oath; that I am an officer or a , Florida Statutes, and that my name appears in Block 10 or Blo	director ock 11 if