## 2005 FOR PROFIT CORPORATION

**FILED** Apr 28, 2005 08:00 AM

	ANNUAL REPORT		Secretary of State
1. Entity Nam	MENT # P03000140252		
Principal Place 829 CARYVII POST OFFICI BONIFAY, FL	E BOX 201 POST OFFICE BOX 201		
Ε	OO NOT WRITE IN THIS SPA	CE	04132005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 20-0565402 Not Applied be Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent		
	DY ESQ I'H WAUKESHA STREET , FL 32425		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			
Signature, typed or printed name of registered agent and title if applicable.  RIOTE Registered Agent signature required which reinstailing)  PILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees			
10.	OFFICERS AND DIRECTORS	Aug 2 and a signal	
TITLE NAME SYREET ADDRESS CITY-ST-ZIP	KING, JOHN 829 CARYVILLE ROAD POST OFFICE BOX 201 BONIFAY, FL 32425		U00000337568
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	04/28/05-80002-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE STATE OF THE S		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			—IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			en e
TITLE NAME STREET ADDRESS		211	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR