2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000143091

FILED Aug 12, 2005 8:00 am Secretary of State

08-12-2005 90002 028 ***150.00

OUR TOWN AND THE WORKERS INC.													
Principal Place of Business 1312 NE 28TH AVE GAINESVILLE, FL 32602			P 0	Mailing Address P O BOX 421 GAINESVILLE, FL 32602				50061273					
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				07292005	Chg-F	•	CR2E0	34 (10/03)	
City & State			City & State					4. FEI Number 65-1211439			<u> </u>	plied For at Applicable	
Žip	Country		Ziç	Zip Cour		5. Certificate of Status Desired L				Fee Hequired			
Name and Address of Current Registered Agent						Nama		7. Name and	i Address o	f New Re	gistered	Agent	***
MCDOUGLE, MARY A 1312 NE 28TH AVE GAINESVILLE, FL 32602						410	ress (HARD P.O. Box Numb NE (2TH	CH (ceptable))	Zip Cod	P . Q
the obligat	tions of registered to the signature typed or p	ubmits this statement ad agent. Journal of refresered agents FEE IS \$550.00 The property of	R_	_ Richea	Registered	ed office or re , , , , , , , , , , , , , , , , , , ,	//L required \$5.	ed agent, or bo					and accept
10. OFFICERS AND				DIRECTORS 11.				ADDITIONS	/CHANGES	TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MCDOUGLE PO BOX 421 GAINESVILI	, HENRY E	<i>B B R R R R R R R R R R</i>	☐ Delete	TITLE NAM! STRE	ŀ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0			☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Delete								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I .						☐ Change	☐ Addition
NAME STREET ADDRESS CHY-ST-ZIP				□ Delele		I						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete	4							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1	-					□ 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 eath; 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: DIM MUDICIAL HENRY 5. M. DOUGLE 7-29-05 352-375-7989

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DOUGLE Date Dayline Proces

OUR TOWN AND THE WORKERS THE.

1312 NG 28TH AUG P.O. BOX 421 CAINESVILLE, FL 32602

DATE! July 29, 2005

Sobject: WAIVER OF LATE CHARGE

THE ANNUAL REPORT WAS PREPARED AND GIVEN TO MRS MEDOUGLE THE FIRST PART Of April TO BE MAILED.

SHE WAS HOSPITALIZED IN LATE April AND EXPIRED WHILE IN THE HOSPITAL.

THE REPORT WAS NOT AMONG THE PAPERWOOR.

REVIEWED ASTER HER DEATH AND IT WAS ASSUMED

SHE HAD MAILED IT. SORRY FOR THE INCONVENIENCE,

IT WILL BE CORRECTED.

THANK YOU FOR ANY CONSIDERATION.

Frehand Mitchen / BOOKKEEPER-ACENT

Deny Mc Deugle

HENRY E. MEDOURIE/ PRESIDENT