## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required  RENIWICK, RANDY L 16676 SE 49TH STREET ROAD OCKLAWAHA FL 32179  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 the obligations of registered agent.  SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN III.  RENWICK, RANDY L 516676 SE 49TH STREET ROAD 518CL ADDRESS	Mar 26, 2005 08 Secretary of S		
CKLAWAHA FL 32179  2. Principal Place of Business  Suite, Apt. #, etc.	1		
2. Principal Place of Business	ALIA EL 22170		
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Zip   Country   Zip   Country   5. Certificate of Status Desired   \$8.75 Addition Fee Fee Additions of New Registered Agent   Name   Name   Name   Street Address (P.O. Box Number is Not Acceptable)	#. etc 1st MOORE CR2E034 (10/04)	1st MOORE CR2E034 (10/04)	
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Street Address (P.O. Box Number is Not Acceptable)	RENWICK, BANDY I		
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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 inform 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 did 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 Bloc changed, or on an attachment with an address, with all other like empowered.	ate and that my signature shall have the same legal effect as if made under oath; that I am an offic Ite this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10	information er or director or Block 11 if	

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Kount

**FILED**