## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** May 26, 2006 8:00 am Secretary of State 05-26-2006 90014 040 \*\*\*150.00

1. Entity Nam	MENT # P03000145 iDLEY, INC.	819			05	5-26-2006 900	014 040	) ***150.00	0
Principal Place 15392 S.E. WEIRSDALE,	142ND COURT			20012/17					
	Place of Business 25E142 CT #, etc.	3. Mailing Address  Pro . 13 0 x  Suite, Apt. #, etc.	ऽवन		012004	Chg-P		034 (10/03)	
City & Stat	<b>\</b> .	City & State			FEI Number 83-0				oplied For
32195	Country	翌2195	Country			of Status Desired		\$8.75 Add	ditional
00110	6. Name and Address of Current I	1 0	, , (	7. N	Name and A	Address of New R	eaistered		
DUDLEY, 15392 S.E WEIRSDA	Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)							
		City	City FL Zip Code sistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
signature.	ions of registered agent.  Signature, typed of printed name of registered agent is	nd file if applicable (NOTE	Registered Agent signatur	e required when re	einstaling)		DATE		
After M	bution.	\$5.00 M Added to F	Fees	,					
10.	OFFICERS AND I		11.	ADAD	DITIONS/C	HANGES TO OFF	ICERS AN		
TITLE. NAME STREET ADDRESS CITY-ST-ZIP	DUDLEY, STANLEY R P. O. BOX 32159 WEIRSDALE, FL 32195	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	☐ Change	Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	Addition

12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: >

CITY - ST- ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Standy & Dedl.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone •

☐ Change

Addition