## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 08, 2005 8:00 am Secretary of State

| DOCUMENT # P03000150356   |                          |   |                                   |                           |                 |                   | ·                    | - J           | <b>-</b> -       |            |  |
|---|--------------------------|---|-----------------------------------|---------------------------|-----------------|-------------------|----------------------|---------------|------------------|------------|--|
| 3.541 - 3559 US HWY 441 S OKECHOBEE, PL 34974  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  S8.75 Additional  S8.75 Additional  S8.75 Additional  S8.75 Additional  Replied For Exercised  Replied   | 1. Entity Name           |   |                                   |                           |                 | · ·               |                      |               |                  |            |  |
| 3.541 - 3559 US HWY 441 S OKECHOBEE, PL 34974  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  S8.75 Additional  S8.75 Additional  S8.75 Additional  S8.75 Additional  Replied For Exercised  Replied   | Principal Plac           | e of Business   | •                                 |                           | 1               |                   |                      |               |                  |            |  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Applied For Applicable Town Applied For Applied A  | 3541 -3559 US HWY 441 S  |   | 3541 -3559 US HWY 441 S           |                           |                 |                   | -                    | ţ             | 50035            | 123        |  |
| City & State  Country  Country  S. Certificate of Status Desired  S8.75 Additional  Factorized  S8.75 Additional  Factorized  S1 Annual and Address of New Registered Agent  7. Name and Address of New Registered Agent  City  FL  Sirect Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and acceptative obligations or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or both, in the State of Florica. I am familiar with, and accept the obligations or fregistered agent, or  | 2. Principal P           | lace of Business  | 3. Mailing Address                |                           |                 |                   |                      |               |                  |            |  |
| Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional res Replacement   \$9.75 Additional res Replacement   \$ | Suite, Apt. #, etc.      |   | Suite, Apt. #, etc.               |                           |                 | 03122005          | Chg-P                | CR2E          | 034 (10/03)      |            |  |
| S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  10CKEY, OWEN L JR 415 TRADER ROAD LABELLE, FL 33935  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Spatio of priner rain of inquismed eyent and first explicable.  POTE Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature specified of priner rain of inquismed eyent and first explicable.  POTE Registered Agent specified agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNAT  | City & State             |   | City & State                      |                           |                 | 4. FEI Numbe      | <del>) TOR</del> 20- | ·0503a        |                  | <u> </u>   |  |
| Nome    Street Address (P.O. Box Number is Not Acceptable)  | Zip                      | Country   | Zip                               | Country                   |                 | 5. Certificate    | of Status Desired    |               |                  |            |  |
| Street Address (P.O. Box Number is Not Acceptable)  |                          | 6. Name and Address of Current                                      |                                   |                           | 7. Name and     | Address of New    | Registered           | Agent         |                  |            |  |
| City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Sig  |                          |   |                                   |                           |                 |                   |                      |               |                  |            |  |
| B. 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:  FILE NOWILI FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  VIGNONE, FRANK  SIRET ADDRESS  OITY-S1-2P  TITLE  USER ADDRESS  OITY-S1-2P  TITLE  MAKE  SIRET ADDRESS  OITY-S1-2P  TITLE   |                          |   |                                   | Street A                  | (ddress (       | P.O. Box Numbe    | r is Not Acceptai    | ole)          |                  |            |  |
| B. 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:  FILE NOWILI FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE  VIGNONE, FRANK  SIRET ADDRESS  OITY-S1-2P  TITLE  USER ADDRESS  OITY-S1-2P  TITLE  MAKE  SIRET ADDRESS  OITY-S1-2P  TITLE   |                          |   |                                   |                           |                 |                   |                      |               |                  |            |  |
| TILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  ITTLE NAME VIGNONE, FRANK STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY  |                          |   |                                   |                           |                 |                   |                      |               | <b>-</b>   '     |            |  |
| FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10.   | 8. The above the obligat | named entity submits this statement fo<br>ions of registered agent. | r the purpose of changing its re  | egistered office o        | r register      | red agent, or bot | h, in the State of   | Florida. I am | n familiar with, | and accept |  |
| FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$50.00  10.  | SIGNATURE.               | Signature, typed or printed name of registered agent                | and title if applicable. (NOTE: F | Registered Agent signa    | ture required   | when reinstaling) |                      | DATE          |                  |            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET   |                          |   | <b>\$5</b> .                      | .00 May Be<br>led to Fees |                 |                   | <u>.</u>             |               |                  |            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET   | 10.                      | OFFICERS AND  | DIRECTORS                         | 11.                       |                 | ADDITIONS/        | CHANGES TO O         | FEICERS AN    | D DIRECTOR:      | S IN 11    |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP   | TITLE                    | V   |                                   | TITLE                     |                 |                   |                      | 710210711     |                  |            |  |
| TITLE   | STREET ADDRESS           | 5410 NW EMBLEM ST   |                                   | STREET ADDRESS            |                 |                   |                      |               |                  |            |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS  | TITLE                    | 1701120012,10011001110  | ☐ Delete                          | TITLE                     |                 |                   |                      |               | Change           | Addition   |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS  |                          |   |                                   | STREET ADDRESS            |                 |                   |                      |               |                  |            |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS   |                          |   | ☐ Delete                          |                           |                 |                   |                      |               | ☐ Change         | Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS  | STREET ADDRESS           |   |                                   | STREET ADDRESS            |                 |                   |                      |               |                  |            |  |
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| CITY-ST-ZIP   |                          |   | ☐ Delete                          |                           |                 |                   |                      |               | ☐ Change         | Addition   |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS   | STREET ADDRESS           |   |                                   | STREET ADDRESS            |                 |                   |                      |               |                  |            |  |
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| STREET ADDRESS STREET ADDRESS   | TITLE                    |   | ☐ Delete                          | TITLE                     |                 |                   |                      |               | ☐ Change         | ☐ Addition |  |
|   | STREET ADDRESS           |   | •                                 | STREET ADDRESS            |                 |                   |                      |               |                  | ,          |  |

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #