2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2005 8:00 am Secretary of State

1. Entity Nam LARRY A	ne 📆 .		0707				03-03-2005 9	90178 014 ***15	50.00
Principal Place	e of Busines	su, Chille Paul 1	Mailing Address		L				
131 S. MILLS AVE					•		, am week	50	022187
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2. Principal Place of Business			3. Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Suite, Apt. #, etc			Suite, Apt. #, etc.			02042005	Chg-P	CR2E034 (10/03)	1
City & State			City & State			4. FEI Number	5473716		pplied For lot Applicable
Zip	÷,	Country 1	Zip	Cour	ntry	· ·	of Status Desired	S8.75 Ac Fee Requir	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New Re	egistered Agent	
* A L IN 4 = 1 - 1 -	TARRY.				Name	 			
AUMENT, LARRY 131 S. MILLS AVE ARCADIA, FL 34266					Street Address (P.O. Box Number is Not Acceptable)				
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	: 5 J				City			FL Zip Co	
		y submits this statement fo tered agent:	or the purpose of changing it	s register	ed office or reg	istered agent, or bo	th, in the State of Flo	rida. I am familiar with	, and accept
SIGNATURE_	Signature, types	or printed name of registered agent	and title if applicable. (NO	TE: Begistere	nd Agent signature re	actived when reinstating)		DATE	. 14.00
			and the sales (1.0	. C. HOBIOLOIC	a rigorit digitatoro io	equired when remstaling)		DATE	1
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.	9. Election Camp	aign Fina	ncing	\$5.00 May Be Added to Fees			
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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

2/19/05

863-494.71