2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 13, 2005 8:00 am Secretary of State 07-13-2005 90013 028 ***150.00

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ORMOND BEACH, FL ORMOND BEACH, FL Zip 32174 Country S. Cartificate of Status Desired \$8.75 Add \$8.75 Add \$3.2174 6. Name and Address of Current Registered Agent LABARE, DAVIE E JR 1954 CAROLINA AVE ORMOND BCH, FL 32174 Street Address (P.O. Box Number is Not Acceptable) City ORMOND BEACH FL \$21.00 Country \$36.00 Construct \$3.2174 Street Address (P.O. Box Number is Not Acceptable) City ORMOND BEACH FL \$3.2174 City ORMOND BEACH FL \$3.2174 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, the obligations of registered agent. SiGNATURE Signature, typed or printed rapre of registered agent and title # applicable. (NOTE: Registered Agent separature required when reinstating) DATE D Delete TITLE D Delete TITLE DATE Delete TITLE DATE DATE Delete TITLE DAMAE STREET ADDRESS STREET ADDRESS	
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32174 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LABARE, DAVIE E JR 1954 CAROLINA AVE ORMOND BCH, FL 32174 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, the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. PILE NOWIII FEE 1S \$550.00 Due by September 7, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. Change NAME SITRET ADDRESS 3663 CON I FER LANE 17. Name and Address of New Registered Agent Name SITRET ADDRESS 18. 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, the obligations of registered agent. 18. 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, the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (HOTE: Registered Agent squature required when refinitions) DATE PILE NOWIII FEE IS \$550.00 PATE PILE NOWIII FEE IS \$550.00 PATE PATE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME SIRET ADDRESS 3663 CON I FER LANE City-St-2P ORMOND BEACH City St-2P O	Applicable
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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 it made under dail; that I am an officer or officer 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 chapter or on an attachment with an address, with all other like amproved.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Proce #	SIGNATURE: Wat & Rube h.		
•	SIGNATURE AND TYPED OR PRINTED NAME CHASIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

ATTACHMENT PUS 600 1541 17 20063173

Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

July 1, 2005

To Whom It May Concern:

Enclosed please find a copy of the downloaded form along with a check for \$150 payable to Florida Department of State. We relocated recently and did not receive the postcard from your office with the renewal information. Please remove the additional penalty from this account and update your system with our correct address.

Thank you

David E. LaBare Jr.

President