2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 15, 2005 8:00 am Secretary of State

DOCUMENT # P0400003293 1. Entity Name LISTINGS ON THE WEB, INC.								05-06-2005	90095	039 **	*150.00
Principal Place of Business 2847 US 19 HOLIDAY, FL 34691				Mailing Address 2847 US 19 HOLIDAY, FL 34691				66023022		; Ava imaa d	lih a sal
2. Principal Place of Business				3. Mailing Address							
Suita, Apt. #, etc.				Suite, Apt. #, etc.			05022005	Chg-P	CR2E034	(10/03)	
City & State				City & State			4. FEI Numb	6-055059	9	<u> </u>	plied For Applicable
Zφ	Country			Zip Co		try	5. Certificate	of Status Desired		B.75 Add to Requires	
	6. Name	and Address of Cur	rent Regis	gistered Agent		Name	7. Name and	Address of New Reg	istered Ag	ent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR				-		Street Addres	ss (P.O. Box Numb	er is Not Acceptable)			-
MIAMI, FL 33145											
						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 accept the obligations of registered agent.											
SIGNATURE Signature, typed or period name of registered agent and trip if applicable. (NOTE: Registered Agent signature required when rematching) DATE											
FILE NOWIII FEE IS \$150.00 8. Election Campaign Fin. Due by September 7, 2005 Trust Fund Contribution							\$5.00 May Bo Added to Fees	In accordance with corporation did no			
10. OFFICERS AND DIRE					11.		ADDITIONS	CHANGES TO OFFICE			
I IITLE NAME	PVD ☐ Delets III MARAN, SENADA					1			Ĺ	☐ Change	Addition
STREET ADDRESS						ET ADDRESS '-St-Zip					
CITY-ST-ZIP	HOLIDAY, FL 34691 CITY STD Delete 11ft									Change	Addition
NAME	CAUDILL	CAUDILL, VICTOR HAW								_ ,	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS (-ST-ZIP	_				
TITLE	Delete HILE								(Change	☐ Addition
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CITY-ST-ZIP	CITY Detete TITLE					-ST-ZIP			.— <u> </u>	☐ Change	Addition
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HAWE STREET ADDRESS					NAM STRI	Æ EET AOORESS					
CITY-ST-ZIP						r-ST-ZIP	 				
12. I hereby 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 securate and that my signature shall have the same legal effect as it made under each; 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: Victor Canada, 8D 4/30/05											
,		SIGNATURE AND TYP	ED OR PRINTE	D NAME OF SIGNING OFFICER	OR DUREC	TOR		/ Oala	Day	time Phone if	_