2005 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Name	•	# P040000 ENERAL CONTR		İ			OS JUL 29 AM 9: 28 OS JUL 29 AM 9: 28 TALLAHASSEE, FLORIDA					
Principal Place	of Business		Ma	alling Address			7	المانية المانية		EF. FL	JRIDA	
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2. Principal Place of Business				Mailing Address	952	540						
Suite, Apt. #, etc.			Ĺ	Suite, Aoi. etc	MAR	Υ	06292005	Chg-P	CR2E03			
City & State			<u> </u>	City & State	FL.		4. FE Numbe	NOB2	157	<u> </u>	Applicable	
Zip		Country	1/2	795-2	546 cou	"SEMINO		of Status Desired	Ц ғ	8.75 Addi oo Required		
	6. Name	and Address of Curre	nt Regis	tered Agent		N==-	7. Name and	Address of New	Registered Ac	ent		
TIMILINI DO	CED					Name						
TIMLIN, ROGER 402 CARDINAL OAKS CT.						Street Address	Street Address (P.O. Box Number is Not Acceptable)					
LAKE MARY, FL 32746												
						City			FL	Zip Code		
8. The above rethe obligation		y submits this statement ered agent.	for the p	ourpose of chan	ging its registe	red office or regist	ered agent, or bo	th, in the State of I	Florida. I am fa	ımiliar with, i	and accept	
SIGNATURE	Signature, typed	or printed name of registered ag	erit and title	d applicable.	(NOTE: Registe	red Agent signature requi	ed when reinstating)		DATE			
		FEE IS \$150.00 tember 7, 2005			Campaign Finand Contribution		5.00 May Be ided to Fees	In accordance corporation di				
10.		OFFICERS A	ND DIREC	CTORS	11		ADDITIONS	/CHANGES TO O			IN 11	
wite	PD			🔲 Dek		ile				Change	☐ Addition	
NÁME TIMLIN, ROGER STREET ADDRESS 402 CARDINAL OAKS CT.						ME REET ADORESS						
CITY-SI-ZIP LAKE MARY, FL 32746						TY-ST-ZIP					ļ	
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STREET ADDRESS CITY-SI-ZIP		/ }		/	1 .	FREET ADDRESS ITY-ST-ZIP					1	
40 100000000	certify that the control of this reportion or	ne information supplied ort or supplemental repo the receiver or trustee e technient with a ladge	with this ort is true mpowere	filing does not a and accurate a ed to execute it	Lucille for the	manufacture et al angli de	Section 119.07(3 ne same legal efte 507, Florida Statu	(i), Florida Statute ect as if made und tes; and that my n	es. I further cert er oath; that I s ame appears in	lify that the it im an officer in Block 10 n	nformation or director r Block 11 if	
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SIGNAT	TURE: .	SIGNATURE ANDITYPED	1	ED NAME OF SIGNEN	O OFFICER OR DIE	M	4	129/0º.	3 40	7-172	2-124	
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