## **2005 FOR PROFIT CORPORATION**

1. Entity Name

## **ANNUAL REPORT**

## DOCUMENT # P04000044395 3 2 2



**FILED** Jul 06, 2005 8:00 am Secretary of State

07-06-2005 90034 034 \*\*\*150.00

LABELS		IER - MAGNETIC DOW - WOOD - V								
Principal Place of Business			Mailing Address			20061617				
10977 49TH ST. N			10977 49TH ST. N							
SUITE 1 SUITE 1 CLEARWATER, FL 33762 US CLEARWATER, FL 33762 US						 	AIRIN ARIN BAM ARIN	A CAM LIAD AHA		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03172005	Chg-P	CR2E03	4 (10/03)		
City & State			City & State			4. FEI Number 3 イー	19844		No	plied For t Applicable
Zip Country		Zip	Country		5. Certificate of S			8.75 Add ee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
WALKER, KATHLEEN R 10977 49TH ST. N					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1 CLEARWATER, FL 33762										
					City	FL Zip Code				
	named entir		or the purpose of changing its	registere	d office or register	ed agent, or both, in	n the State of Fig	orida. 1 am 1a	ımiliar with,	and accept
SIGNATURE.	Soneure, hoed	or printed name of registered ager	i and the dispolicable. (NOTE	E: Reputered	S Agent signature required	when renstating)		DATE		
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FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.						.00 May Be				
Ya	-, ., <u>-</u>	o Lee Am pe 1330	.00	ribution.	□ <b>∧</b> 00	ed to Fees				
10.		OFFICERS AND		11.		ADDITIONS/CH.	ANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this report or supplemental report is find 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 made an address, with all other like empowered.

SIGNATURE:

NTED VAME OF COMING OFFICER OR DIRECTOR