
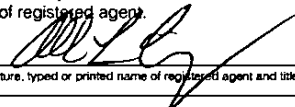
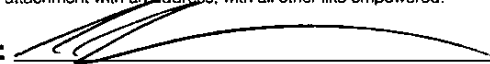


FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90205 040 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000053192			
1. Entity Name DETOUR STUDIOS, INC.			
Principal Place of Business 2366 NAUTICAL WAY, 3112 WINTER PARK, FL 32792		Mailing Address 2366 NAUTICAL WAY, 3112 WINTER PARK, FL 32792	
2. Principal Place of Business 1000 DETOUR Rd		3. Mailing Address P.O. Box 3849	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HAINES CITY, FL		City & State HAINES CITY, FL	
Zip 33844		Zip 33845	
Country		Country	
4. FEI Number 20-0944615		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTY, ALLAN L 395 AVENUE C, NORTHWEST WINTER HAVEN, FL 33831		7. Name and Address of New Registered Agent Name ALLAN L. CASEY Street Address (P.O. Box Number is Not Acceptable) 395 Avenue C, N.W. City Winter Haven FL Zip Code 33881	
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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWEN, FRANK G		NAME BOWEN, FRANK G.	
STREET ADDRESS 2366 NAUTICAL WAY, 3112		STREET ADDRESS P.O. Box 3849	
CITY-ST-ZIP WINTER PARK, FL 32792		CITY-ST-ZIP HAINES CITY, FL 33845	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 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: 		05/16/05 (407) 557-6025	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50052761



04262005 Chg-P CR2E034 (10/03)