## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 28, 2005 8:00 am Secretary of State 01-26-2005 90019 033 \*\*\*150.00

After May 1, 2005 For will be \$550.00  After May 1, 2005	1. Entity Nam	MENT # P040005 R ENTERPRISES INC.				01-20-20	03 30013	033	130.00		
Sursa, Apri 4, etc.  Sulta, Ap	Principal Plac	e of Business	Mailing Address		<del>'</del>	1					
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.			3450 34TH ST. N.			1 (1111/11)					
City & State  A Replied for Instruction of the Control of the City of State  A Replied for Instruction of the Address of Current Registered Agent  A Replied for Instruction of the Address of Current Registered Agent  A Replied for Instruction of State Organization of the Registered Agent  A Replied for Instruction of State Organization of State Organization of State Organization of State Organization of Replied Organ	2. Principal Place of Business		3. Mailing Address								
Secretary   Special Course   Secretary	Suite, Apt. #, etc.		Suite, Apt. *, etc.			01132005	Chg-P	CR2E03	4 (10/03)		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Addre			City & State			4. FELNumber 200934422				} .	
BECKNER, EULAS L JR 7940 2ND ST N ST. PETERSBURG, FL 33702  City FL Zp Code  B. The above named entity submits this statement for the purpose of changing its registated office or registered agant, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agant, or both, in the State of Rorida. I am familiar with, and accept the familiar again, and accept the familiar again again, and accept the familiar again again, and accept the state of Rorida. I am familiar with, and accept the familiar again, and accept the familiar again again, and accept the familiar again and accept	Zip			Country		5. Centificate	e of Status Desired				
BECKNER, EULAS L. IR 7940 2.ND ST N ST. PETERSBURG, FL 33702  City FL Zo Code  8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porids. I am tamillar with, and accept the obligations of registered agent.  SIGNATURE:  Symma, year or presed area of registered agent and an expensed agent and a state of Porids. I am tamillar with, and accept the obligations of registered agent.  SIGNATURE:  Symma, year or presed agent agent and a state of control of the purpose of the registered agent, or both, in the State of Porids. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Porids. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Porids. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Porids. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Porids. I am tamillar with, and accept the obligations of registered agent, or both, in the State of Porids. I am tamillar with, and accept the obligations of registered agent.  SIGNATURE:  SIGNATURE:  STORY AGENT	ļ	6. Name and Address of Curren	t Registered Agent		N==-	7. Name an	d Address of New R	egistered A	ent		]
STERLANDS STORESSURG, FL 33702    City   FL   Zo Code	BECKNED FILLAS LID				_Name					• • • • • • • • • • • • • • • • • • • •	
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	7940 2ND	STN			Street Address	(P.O. Box Numb	per is Not Acceptable	p)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent.    SIGNATURE		·									
THE NORMIN FRE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   S5.00 May Be Added to Fees  TO. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.    TITLE   P					•				1		1
Company   Comp	8. The above the obligat	named entity submits this statement in tions of registered agent.	for the purpose of changing i	ts register	ed office or registe	red agent, or bo	oth, in the State of Fic	orida. I am fa	miliar with,	and accept	
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