## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2005 8:00 am Secretary of State

	711114	<del> •</del>					•	
DOCUMENT # P04000066352  1. Entity Name 4385 MAPLEWOOD LANE CORP						04-11-2005	5 901 52 046 ***	150.00
Principal Place	Mailing Address							
2 NORTH TAN	Miami trail	2 NORTH TAMIAMI TRAIL				หห <b>ด</b> 1597	<b>'6</b>	
SUITE <b>303</b> 302 SARASOTA, FL 34236 FL		SUITE ART 302				00020		
SAKASUTA, F	L 34236 FL	SARASOTA, FL 34236	i FL			TOAN ENER EELE EELA DEID	I OFIIR UNIO OMAT INCI OMIO I	FOIRE IN IRRI
2. Principal Place of Business		3. Mailing Address						
Suito, Apt. #, etc.		Suite, Apt. #, etc.			03012005	Chg-P	CR2E034 (10/03)	
City & State		City & State	City & State		4. FEI Numbe	103008		pplied For of Applicable
Zip Country		Zip Count		ay			_ ¢0.75	
					5. Certificate	of Status Desired	Fee Require	
	t Registered Agent			7. Name and	Address of New R	egistered Agent		
, , , , , , , , , , , , , , , , , , ,				Name				
YANCHEK, JOHN A 2 NORTH TAMIAMI TRAIL			l	Street Address (	P.O. Box Numbi	er is NoI Acceptable	)	
SUITE 309 302						·		
SARASOTA, FL 34236								
			Ì	City			FL Zip Co	de
The share	named entry submits this statement	of office or registe	red ecent or bot	th in the State of Fin	• -	and accord		
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SIGNATURE.	Stougle Most or bringed herne of registered ager	N and Wha & accelerable (NOT	V / J 'V E: Registered	A // IV	/ / / C / \		DATE	
	100000000000000000000000000000000000000	100000000000000000000000000000000000000						
FIL After Ma	E NOW!!! FEE IS \$150.00 Ry 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con			.00 May Be led to Fees			
10.	OFFICERS AN	DORECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE	P,S Sy	Delette	TITLE				Change	Addition
NAME	YANCHEK, JOHN A			:				
STREET ADDRESS 2 NORTH TAMIAMI TRAIL, STE 500		SER 302		ET ADORESS				
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STREET ADDRESS CITY-ST-ZIP			STREE CITY- TITLE NAME	E ET ADORESS S1-ZP				☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			HAME STREET CITY- TITLE NAME STREET	ET ADDRESS S1-ZP				☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.   hereby	certify that the information supplied w	Delete  th this filing does not qualify to	HAME STREET CITY- TITLE NAME STREET CITY- Or the exer	ET ADDRESS ST-ZP ET ADDRESS ST-ZP mption stated in S	action 119.07(3)(	i). Florida Statutes. I	Change	nformation
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated	tion this report or supplemental report	Detate th this filing does not qualify to is true and accurate and that	HAME STREET CITY- TITLE NAME STREET CITY- OF the exer	ET ADDRESS ST-ZP ET ADDRESS ST-ZP Typion stated in SS	same legal effec	t as if made under o	Change  further certify that the efficient conditions	information r or director
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated	certify that the information supplied wi on this report or supplemental report proration or thoy copyer or trustee em or on an attaching the with an address	Detate th this filing does not qualify to is true and accurate and that	HAME STREET CITY- TITLE NAME STREET CITY- or the exer my signati	ET ADDRESS ST-ZP ET ADDRESS ST-ZP mption stated in Sc ure shall have the ed by Chapter 607	same legal effec 7, Florida Statute	t as if made under o s; and that my name	Change  further certify that the ath; that I am an office appears in Block 10 c	information r or director or Block 11 if