2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2005 8:00 am Secretary of State

DOCUMENT # P04000071154								T, 50			_	03 ***15		
Principal Place of Business 3141 GLENBROOK DRIVE N. FT. MYERS, FL 33917 US Mailing Address 3141 GLENBROOK DRIVE FT. MYERS, FL 33917 US						, (\$ ⁻³ , -			1-		•			
2. Principal P	Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01062005	Chg)-P	CR2E	034 (10/03)		
City & State				City & State				4. FEI Numb		2.87	0	}— }—	oplied For of Applicable	
Zip	Country			Zip Coun		itry		5 Certificate of Status Desired				\$8.75 Add	ditional	
	stered Agent		Name		7. Name and Address of New Registered Agent									
ROBERT, HUSSEY R 3141 GLENBROOK DRIVE FT. MYERS. FL 33917						Street Address (P.O. Box Number is Not Acceptable)								
, 11.WI3ER	O, 1 L 338	,,,				City		****			FL	Zip Coo	le	
8. The above	named entit	y submits this s	tatement for the	purpose of changing it	s register	ed office or	register	ed agent, or bo	oth, in the	State of F		_	and accept	
SIGNATURE_	the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bit of applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$\$5.00 May Be Trust Fund Contribution. Added to Fees														
10.					11.		,	ADDITIONS	/CHANGE	S TO OF	FICERS AN	DIRECTOR	IS IN 11	
TITLE NAME			•	☐ Delete	TITL		P/D Ros	seer H	u 5 5	€V	_	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS '-\$t-zip	314	MYENZ	>> 3 ₹ _< F	ر خر ر خر	- DR 3917		, (5)	
TITLE		***		☐ Delete	TITL				<u> </u>	<u>-, , , , , , , , , , , , , , , , , , , </u>	, , , , , , , , , , , , , , , , , , ,	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP						et address '-st-zip								
TITLE				☐ Delete	;_TITL NAM			-	-	-	~*	Change	- Addition	
STREET ADDRESS CITY-ST-ZIP					STR	ET ADDRESS -St-Zip								
TITLE				☐ Delete	TITL							☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP						eet address '-st-zip						•		
TITLE NAME		•		☐ Delete	TITL							☐ Change	Addition	
STREET ADORESS CITY-ST-ZIP					STA	EET ADDRESS '-ST-ZIP								
TITLE				☐ Delete	TITL							Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS '- ST-ZIP								
12. I hereby	certify that th	e information su	upplied with this	filing does not quality f	or the exe	emption stat	ed in Se	ection 119.07(3)	(i), Florida	Statutes	. I further ce	rtify that the i	nformation	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date														