2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2005 8:00 am Secretary of State

DOCU 1. Entity Nam SAMALL-		72504				03-17-2005	90014 021	***158	8.75
Principal Plac	e of Business	Mailing Address							
9420 CR 417 LIVE OAK, FL 32060		9420 CR 417 LIVE OAK, FL 32060	9420 CR 417 LIVE OAK, FL 32060						
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.			02282005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Number	31532	91		olied For Applicable
Zip	Country	Zip	Country		-5Certificate of		\$8.		tional
	6. Name and Address of Curr	rent Registered Agent		 	7. Name and Ad	ddress of New Re			
			Nam	ne .			<u></u>		
BEASLEY, SAMUEL J 9420 CR 417 LIVE OAK, FL 32060			Stree	Street Address (P.O. Box Number is Not Acceptable)					
LIVE OAK	, r L 32000								
	named entity submits this statemen		City				FL	Zip Code	
	ions of registered agent.								
SIGNATURE_	Sgnalus; typed or prolled name of registered of segments.	9. Election Camp		\$5	.00 May Be		DATE		
SIGNATURE_FIL	E-NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$5	9. Election Camp 50.00 Trust Fund Co	paign Financing intribution.	\$5	.00 May Be	JANGES TO OFFICE		FOTORO	
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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(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: _

SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRE

3-10-05

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