2005 FOR PROFIT CORPOR ... ON ANNUAL REPORT

8/26/2005-90001-014-\$150.00-\$150.00

DOCUMENT: #"P04000073229 1. Enlay Name CEASARS TERRACE, INC.					05 OCT -6 AM 9: 42 DEUKL: AKY OF STATE TALLAHASSEE, FLORIDA			-	
Principal Place	e of Business	Mailing Address			1	IALLAI	ASSEE FLOR	AUV LE	
15006 S. FORK DRIVE TAMPA, FL 33624		15006 S. FORK DRIVE TAMPA, FL 33624			66027186				
2 Principal Pi	ace of Rusinees	3. Mailing Address							
2. Principal Place of Business		3. Maxing Adoress)	Dili Bidə qbili qbib qq	ITK BROEN KOREN ETTER KREEN EIDEN E	MINER II HOE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09082005	Chg-P	CR2E034 (10/03))	
City & State		City & State		4. FEI Number	52244	') ~ 	Applied For lot Applicable		
Žip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	S8.75 Ac	ditional	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F	Registered Agent		
FEDAK, CI	HADI EQ	-		Name					
17121 MOI	RRIS BRIDGE ROAD SASSA, FL 33592-2259		Street Address (P.O. Box Number is Not Acceptable)						
	70710071, 1 E 0000E EE00								
				City			FL Zip Co	de	
	named entity submits this statement li	for the purpose of chang	jing its register	ed office or register	ed agent, or both	, in the State of Fi	orida. I am familiar with	and accept	
SIGNATURE_	Signature, typed or printed hame of registered ager		4-2						
	Signature, types or present traine of registered age	nt prio sale ir aptoriçative.	(NU12: Negroup	d Agent signatura required	www.reneusing)	**	DATE		
FILE NOWIII FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign in Trust Fund Contribution					.00 May Be ed to Fees	In accordance corporation did	with s. 607.193(2)(b) not receive the prior	, F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	RS (N 11	
TITLE NAME	OP OGLA, JOHN B	☐ Deleti	E TITLE	i			☐ Change	Addition	
STREET ADDRESS	15006 FORK DRIVE			ET ADORESS					
CITY-S1-ZIP	TAMPA, FL 33624		CITY	-ST-ZIP					
TITLE	VPS	C Oelet					Change	☐ Addition	
NAME STREET ADDRESS	INNABI, ISSA I 15006 S. FORK DRIVE		STRE	E Et adoress					
City-St-ZIP	TAMPA, FL 33624			- ST- 73P					
IIILE		☐ Deten	गाः।				Change	Addition	
NAME CIRCLY ADDRESS			MAM	E Et address					
STREET ADDRESS CITY-ST-ZIP			1	-S1-209			-		
TITLE		Deleti	וות				☐ Change	☐ Addition	
NAME	(1)	<i>∿ (0[,</i> 7 ¯ ¯ ¯ ¯ ¯	NAM						
STREET ADDRESS CITY-S1-ZIP	γ	V	1	ET ADDRESS -ST-ZIP					
TITLE		☐ Deleti					Change	Addition	
HAME		_ 000	NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP					
TITLE		Delete					☐ Change	Addition	
KAME			HAM	Ε					
STREET ADORESS CITY-ST-ZIP				ET ADORESS - ST-ZIP			•		
	certify that the information synolied wi	ith this filing does not gu			ction 119 07/3Yil	Florida Statutes	I further certify that the	information	
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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 outh; 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.									

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