2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

DOCUI 1. Entity Nam FRED'S N				04-22-2005	90288 032 ***15	50.00			
Principal Place of Business 1401 W DR MARTIN LUTHER KING BLVD PLANT CITY, FL 33563 Mailing Address 1401 W DR MARTIN LUTH PLANT CITY, FL 33563			IER KING BLVD		20042169				
2. Principal Place of Business 2124 Harden Blvd. Suite, Apt. #, etc. 3. Mailing Address 2124 Harden Suite, Apt. #, etc.			n Blud.		04152005 Chg-P CR2E034 (10/03)				
City & State			orida		4. FEI Numb 20 -		Aş	oplied For ot Applicable	
33803	Polk	33,803	Country Polk		5. Certificate	of Status Desired	S8.75 Add		
	6. Name and Address of Current R	legistered Agent	Nama	*	7. Name and	Address of New R	egistered Agent -		
GALLOWAY, DAVID H 506 N ALEXANDER ST			Name	Neme					
			Street A	Street Address (P.O. Box Number is Not Acceptable)					
PLANT CI	ΓY, FL 33563				-				
			City			······································	FL Zip Cod	le	
	named entity submits this statement for	the purpose of changing its re-	gistered office o	registere	ed agent, or bo	th, in the State of Flo	!	and accept	
the obligat	ions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: Re	egistered Agent signat	ure required	when reinstating)		DATE		
	•								
After Me	E NOWIII FEE IS \$150.00	9. Election Campaign							
	av 1, 2005 Fee will be \$550.0			Adde	00 May Be ed to Fees				
••	ay 1, 2005 Fee will be \$550.00	Trust Fund Contrib	ution.	Adde	d to Fees	(CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
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12. I hereby certify that the information supplied with this filing 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: Jammy 6 Johnson 4-19-05 863-680-1147
SIGNATURE AND GLED OR PRESTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylore Proper