## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P0400009 N TEETER, INC.	0207			,-	04-06-2005	90104 018 ***1	50.00
Principal Plac	e of Business	Mailing Address		-				
300 S WHITNEY RD LEESBURG, FL 34748		300 S WHITNEY RD LEESBURG, FL 34748						
					(	AND SITTLE COME ORIGINAL	I BENJE LENG BENJE MDIK COM 1	<b>SEIRS</b> I () 18 (1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03292005	Chg-P	CR2E034 (10/03	)
City & Stat	والمحمد المحمد	City & State			_4FEI_Number	27000		pplied For
Zip	Country	Zip	Country		20-12 5. Certificate of	Status Desired	\$8.75 Ad	
•	6. Name and Address of Currer	it Registered Agent			7. Name and A	ddress of New R		90
			Name				ogistered rigotic	· · ·
TEETER, STEPHEN A 300 S WHITNEY RD LEESBURG, FL 34748			Street	eet Address (P.O. Box Number is Not Acceptable)				
	13.4							
• . •	4,		City				FL Zip Co	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office	or registere	ed agent, or both	, in the State of Flo	orida. I am familiar with	n, and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)		DATE	
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campai Trust Fund Contr			00 May Be d to Fees		<del></del>	
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE	D	☐ Delete	TITLE				Change	Addition
NAME	TEETER, STEPHEN A		NAME					
STREET ADDRESS CITY-ST-ZIP	300 S WHITNEY RD LEESBURG, FL 34748		STREET ADDRESS CITY-ST-ZIP	-				
TITLE		☐ Delete	TITLE	<del> </del>		-	Change	☐ Addition
NAME	Berton		NAME	·		<u> </u>		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	1				
TITLE NAME	,	Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE .		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE				(T) (h	
NAME		C Delete	NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			, <u></u>		
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby o	certify that the information supplied wi	th this filing does not qualify for		ated in Sec	tion 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.