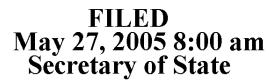
2005 FOR PROFIT. CORPORATION ANNUAL REPORT. JMENT # P04000092828



1. Entity Nam	e	# P040000				04-27-200	•	5 ***150.00	
Principal Place of Business 2615 FORT HAMER RD PARRISH, FL 34219				Mailing Address 2615 FORT HAMER RD PARRISH, FL 34219			660 1974 2		
2. Principal Place of Business			3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. 4, etc.			Chg-P	CR2E034 (10	/03)
City & State			City & State				1262259		Applied For Not Applicable
Zp		Country	Zip	Coun		<u> </u>	e of Status Desired	Fee Re	Additional quired
	6. Name	and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent Name				
METCALF, 2615 FOR PARRISH,	T HAMER	RD		Stre		Address (P.O. Box Number is Not Acceptable)			
				City				FL Zip	Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and too 4 applicable. 6/00TE: Registered Agent algorithms required when remaining) DATE FILE NOWILL FEE 18 \$150.00 9. Election Campaign Financing \$5.00 May Be									
After Ma		5 Fee will be \$55	0.00 Trust Fund	d Contribution.	~ _ ~	ded to Fees			
10. TITLE	Р	OFFICERS A	ND DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	CERS AND DIREC	
NAME STREET ADDRESS CITY-ST-ZIP	2615 FOR	FF, THOMAS R RT HAMER RD I, FL 34219		naare Street City-Si					
TITLE NAME STREET ADDRESS CITY-\$1-ZIP			☐ Delete	EI AMI STRE	1			Cha	nge Addition
TITLE HAME STREET ADDRESS CITY-\$T-ZIP			C) Delete	HAM! STRE				☐ Cha	nge 🗆 Addition
TITLE NAME STREET ADDRESS CITY-6T-ZIP	- <u>-</u> -		C) Oelete	HAND STRE	I				nge Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete	HAMI STRE				☐ Cha	nge 🗖 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			C Delete	STREE				{ Cha	nge Addition
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 securate 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 is changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: Morrow A Martine AND TYPED ON PRINTED HARE OF BIGHIGG OFFICER OR DIRECTION Data Deploymen Priore 9									