2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P04000095 itures inc.	0060			02-10-2005	90056 007 ***1	.50.00
Principal Plac	e of Business	Mailing Address	1				
2421 4TH ST. NORTH ST. PETERSBURG, FL 33704		2421 4TH ST. NORTH ST. PETERSBURG, FL 33704				500133	44
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #. etc.		Suite, Apt. #, etc.		01202005	Chg-P	CR2E034 (10/0	3)
City & State		City & Stato		4. FEI Number	343369	19	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 / Fee Requ	
	6. Name and Address of Current	Registered Agent		7Name and	Address of New F	Registered Agent	
DEVE TH	۸۵		Name				
DEYE, THAD 2421 4TH ST. NORTH ST. PETERSBURG, FL 33704			Street Addres	ss (P.O. Box Numb	er is Not Acceptable	e) .	
0	11050110,12 00704						
			City			FL Zip C	ode
	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office or regis	stered agent, or bo	th, in the State of Fl	orida. Tam familiar wi	th, and accept
SIGNATURE_	í						
BIGHT ONE							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating)	•	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign	n Financing'	55.00 May Be		DATE	
	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	n Financing'	55.00 May Be Added to Fees	CHANGES TO OFF	DATE	ORS IN 11
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	n Financing ' \$	55.00 May Be Added to Fees	CHANGES TO OFF		
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR