2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000113425

FILED Jan 18, 2005 8:00 am Secretary of State

01-18-2005 90033 011 ***158.75

1. Entity Nam DOC'S FO).								
Principal Place of Business 1774 9TH ST. SARASOTA, FL 34236			Mailing Address 1774 9TH ST. SARASOTA, FL 34236		40001629					
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005	Chg-P	CR2E0	34 (10/03)			
City & State		City & State			4. FEI Number	163350		No	oplied For ot Applicable	
Zip		Country	Zip	Coun	try	<u>.l</u>	of Status Desired		\$8.75 Add Fee Require	ditional d
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
SHELL, JERRY B ESQ. 2404 13TH ST. W., #7 BRADENTON, FL 34205					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	le
8. The above	named entit	v submits this statement	for the purpose of changing i	ts register		ered agent or bot	h in the State of Flo			
the obligat	ions of regis	tered agent.	TO THE POSPOSO OF CHANGING	io rogiotore	ou omed or registe	orea agont, or soc	n, in the otale of the	anoa. Tam	ammar wibi,	and accept
SIGNATURE.	Signature, typed	or printed name of registered age	ont and title if applicable. (NO	OTE: Registere	d Agent signature require	ed when reinstating)		DATE		.
		FEE IS \$150.00 5 Fee will be \$550	9. Election Camp 0.00 Trust Fund Co			5.00 May Be Ided to Fees				
After M	ay 1, 200	5 Fee will be \$550	0.00 Trust Fund Co	ntribution.	Ād	ided to Fees	CHANGES TO OFFI	ICERS AND		
After M. 10. TITLE NAME	PD AUSTIN,	5 Fee will be \$556 OFFICERS AN	0.00 Trust Fund Co	ntribution. 11. TITLE	Add	ided to Fees	CHANGES TO OFFI	ICERS AND	DIRECTOR Change	S IN 11
After M.	PD AUSTIN, 1774 9TH SARASO	5 Fee will be \$556 OFFICERS AN	0.00 Trust Fund Co	ntribution. 11, TITLE NAM STRE	Ad	ided to Fees	CHANGES TO OFFI	ICERS AND		
10. TITLE NAME STREET ADDRESS	PD AUSTIN, 1774 9TH	OFFICERS AN OFFICERS AN LEE I ST. TA, FL 34236	0.00 Trust Fund Co	ntribution. 11, TITLE NAM STRE	E E ET ADORESS S.27-ZIP	ided to Fees	CHANGES TO OFF	ICERS AND		
After M. 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD AUSTIN, 1774 9TH SARASO STD AUSTIN, 1774 9TH	OFFICERS AN OFFICERS AN LEE I ST. TA, FL 34236	Trust Fund Co ID DIRECTORS Delete	11. TITLE NAM STRE CITY TITLE NAM STRE	E E ET ADORESS S.27-ZIP	ided to Fees	CHANGES TO OFFI	ICERS AND	Change	Addition
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD AUSTIN, 1774 9TH SARASO STD AUSTIN, 1774 9TH	OFFICERS AN OFFICERS AN LEE I ST. TA, FL 34236 NANCY J I ST.	Trust Fund Co ID DIRECTORS Delete	11. ITTLE NAM STRE CITY TITLE NAM STRE CITY TITLE TITL	Add E E E E ET ADORESS -SI-ZIP E E ET ADORESS -SI-ZIP E ET ADORESS	ided to Fees	CHANGES TO OFFI	ICERS AND	Change	Addition
After M. 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD AUSTIN, 1774 9TH SARASO STD AUSTIN, 1774 9TH	OFFICERS AN OFFICERS AN LEE I ST. TA, FL 34236 NANCY J I ST.	Trust Fund Co	11. ITTLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	Add E E E E ET ADORESS -SI-ZIP E E ET ADORESS -SI-ZIP E ET ADORESS	ided to Fees	CHANGES TO OFFI	ICERS AND	☐ Change	Addition
After M. 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD AUSTIN, 1774 9TH SARASO STD AUSTIN, 1774 9TH	OFFICERS AN OFFICERS AN LEE I ST. TA, FL 34236 NANCY J I ST.	Trust Fund Co	11. 111. NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	Add E E E ET ADORESS -SI-ZIP E E ET ADORESS -SI-ZIP E E ET ADORESS -SI-ZIP E E ET ADORESS	ided to Fees	CHANGES TO OFFI	ICERS AND	☐ Change	Addition
After M. 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSTIN, 1774 9TH SARASO STD AUSTIN, 1774 9TH	OFFICERS AN OFFICERS AN LEE I ST. TA, FL 34236 NANCY J I ST.	Delete Trust Fund Co Trust Fund Co Delete Delete	11. ITTLE NAM STRE CITY TITLE NAM STRE CITY	Add E E E ET ADORESS -SI-ZIP E E ET ADORESS -SI-ZIP E E ET ADORESS -SI-ZIP E E ET ADORESS	ided to Fees	CHANGES TO OFFI	ICERS AND	☐ Change	Addition Addition Addition
AFTOR M. 10. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PD AUSTIN, 1774 9TH SARASO STD AUSTIN, 1774 9TH	OFFICERS AN OFFICERS AN LEE I ST. TA, FL 34236 NANCY J I ST.	Delete Trust Fund Co Trust Fund Co Delete Delete	11. 111. NAM STRE CITY TITLE NAM STRE CITY	Add E E E E ET ADORESS -SI-ZIP E E ET ADORESS	ided to Fees	CHANGES TO OFFI	ICERS AND	☐ Change	Addition Addition Addition
AFTOR M. 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSTIN, 1774 9TH SARASO STD AUSTIN, 1774 9TH	OFFICERS AN OFFICERS AN LEE I ST. TA, FL 34236 NANCY J I ST.	Delete Delete Delete	11. ITTLE NAM STRE CITY	Add E E E E ET ADORESS -SI-ZIP E E ET ADORESS	ided to Fees	CHANGES TO OFFI	ICERS AND	☐ Change ☐ Change ☐ Change	Addition Addition Addition
AFTOR M. 10. 110. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE	PD AUSTIN, 1774 9TH SARASO STD AUSTIN, 1774 9TH	OFFICERS AN OFFICERS AN LEE I ST. TA, FL 34236 NANCY J I ST.	Delete Delete Delete	TITLE NAME STREE CITY TITLE NAME STREET	E E ET ADORESS - ST-ZIP E E	ided to Fees	CHANGES TO OFF	ICERS AND	☐ Change ☐ Change ☐ Change	Addition Addition Addition
AFTOR M. 10. 110. 1111.E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSTIN, 1774 9TH SARASO STD AUSTIN, 1774 9TH	OFFICERS AN OFFICERS AN LEE I ST. TA, FL 34236 NANCY J I ST.	Delete Delete Delete Delete	11. ITTLE NAM STRE CITY	E E ET ADORESS - ST-ZIP E E	ided to Fees	CHANGES TO OFF	ICERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition 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 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 De AILS +

SIGNATURE AND TYPED OR PRENTED HAME OF SIGNARD OFFICER OR DIRECTOR

(941)955-9012