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## FILED Jan 31, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Nam	MENT # P0400011964	1			Secre	ctary of State
	BTH TERRACE 3	ailing Address 8485 NW 108TH TERRACE CORAL SPRINGS, FL 33065				84 A <b>i b</b> ar 38 a i bara 1880 <b>a</b> 1888 <b>a</b> 1888 a 1
C	O NOT WRITE II	CE	01162006 4. FEI Numb 20-150	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required	
JELONEK, ROBERT D 3485 NW 108TH TERRACE CORAL SPRINGS, FL 33065			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.  Signature, typed or printed name of registered agent and title		   ed office or register   sid Agent signature requires		ith, in the State of Flo	rida. 1 am familiar with, and accept
		Election Campaign Fina     Trust Fund Contribution.			130000 02/18 <b>/0</b> 6	0412903 -80063-023 150.00
10.  TITLE MARKE STREET ADDRESS CITY-ST-ZIP  TITLE MARKE STREET ADDRESS CITY-ST-ZIP	P JELONEK, ROBERT D 3485 NW 108TH TERRACE CORAL SPRINGS, FL 33065	CTORS		_	NOT W	
THLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 specified or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacytifient with an address, with all other like empowered.

SIGNATURE:

THILE NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

T D. JELONEK

1-27-06

(954)650-4679

= Cartima Phone f