

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


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

03-15-2005 90024 009 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000130925					
1. Entity Name SWEET JOURNEY POLIT ESCORT INC.					
Principal Place of Business 10440 STEVEN DRIVE OAK CITY FL 33868 Polk			Mailing Address P O BOX 1187 POLK CITY FL 33868		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 75-3168809	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONDAY, SUSAN A 10440 STEVEN DRIVE OAK CITY FL 33868 Polk			7. Name and Address of New Registered Agent		
			Name		
			Street 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$950.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONDAY, SUSAN A		NAME		
STREET ADDRESS	10440 STEVEN DR		STREET ADDRESS		
CITY-ST-ZIP	OAK CITY FL 33868		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Monday, SUSAN A		NAME		
STREET ADDRESS	10440 STEVEN DR		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY FL 33868		CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Hugh S Wells		NAME		
STREET ADDRESS	10440 STEVEN DR		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY FL 33868		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Wells, SUSAN A		NAME		
STREET ADDRESS	10440 STEVEN DR		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY FL 33868		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Hugh S. Wells</u> V.P.			Date: <u>April 7 2005</u> Daytime Phone: <u>863 944 4315</u>		