## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 14, 2005 8:00 am Secretary of State

1. Entity Nam	ie	# <b>P04000158</b> TION INC.			04-14-2005	90091	002 ***15	50.00		
Principal Place 922 BRACK S KISSIMMEE, I	STREET	US	Mailing Address 922 BRACK STREET KISSIMMEE, FL 34744 US			1 1 <b>16</b> 111 <b>6</b> 11	) <b>131</b> 11 <b>511</b> 11 1 <b>51</b> 111 <b>151</b> 12 <b>15</b> 11	<b>1</b> 7 12 <b>86</b> 1 <b>1</b> 010 11	• • • • • • • • • • • • • • • • • • •	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03152005	Chg-P	CR2E	34 (10/03)		
City & State			City & State		4. FEI Numb	019155	97		pplied For at Applicable	
Zip			Zip			l	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
JONES, WILEY 922 BRACK STREET KISSIMMEE, FL 34744					Street Address (P.O. Box Number is Not Acceptable)					
KISSIIVIIVIE	:E, FL 34	/44								
					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	Signature, typed	d or printed name of registered agent a	d Agent signature required	when reinstating)		DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.					ncing <b>\$5.</b>	.00 May Be ed to Fees				
10.		OFFICERS AND			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	D,P JONES, V	MILEY	☐ Delete TITLE		- I				☐ Change	☐ Addition
STREET ADDRESS 1809 W VIRGINIA AVENUE CITY-ST-ZIP KISSIMMEE, FL 34744					EET ADDRESS					,
TITLE	KISSIMMEE, FL 34744			THE	r-ST-ZIP				☐ Change	☐ Addition
NAME			MAN		ie				onange	
STREET ADDRESS CITY-ST-ZIP					ET ADORESS '-ST-ZIP					
TITLE	'.	,	☐ Delete	HIL	Ł	<del></del>	<u>.</u>		☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITL	l l				☐ Change	☐ Addition
NAME STREET ADDRESS				NAM STRE	EET ADDRESS					
CITY-ST-ZIP			<u></u>	CITY	'-ST-ZIP					
TITLE HAME			☐ Delete	TITL	l l				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRI	EET ADDRESS '- ST- ZIP					
TITLE			☐ Delete	TITL			<del></del>		☐ Change	☐ Addition
NAME STREET ADDRESS				NAM STR	ļ					_
CITY-ST-ZIP				1	EET ADORESS '-ST-ZIP					
<ul> <li>Indicated</li> </ul>	i on this repo	or supplemental report is	this filing does not qualify for	my signa	ture shall have the	same lenal efte	ot as if made under d	sath: that L	arm an officer	or director
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 as address, with all other like empowered.										