


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90208 045 \*\*\*150.00

| <b>DOCUMENT # P04000170289</b><br>1. Entity Name<br>HIDDEN CREEK BLUEBERRY FARMS, INC.  |                        |                                 |   |    |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
|---|------------------------|---------------------------------|---|---|---|----------------------------|--|--|---|--|--|-------|------------------------|---------------------------------|-------|--|---|------|---------------------|--|------|--|--|----------------|-------------------|--|----------------|--|--|-----------------|--|--|-----------------|--|--|-------|-----|---------------------------------|-------|--|---|------|-------------------|--|------|--|--|----------------|---------------------|--|----------------|--|--|-----------------|-------------------|--|-----------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|
| Principal Place of Business<br>1301 BLUEBERRY ROAD<br>SEBRING, FL 33872 US  |                        |                                 | Mailing Address<br>1301 BLUEBERRY ROAD<br>SEBRING, FL 33872 US  |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 2. Principal Place of Business  |                        |                                 | 3. Mailing Address  |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Suite, Apt. #, etc.   |                        |                                 | Suite, Apt. #, etc.   |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| City & State  |                        |                                 | City & State  |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Zip   |                        | Country                         |   | Zip   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
|   |                        |                                 |   |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 6. Name and Address of Current Registered Agent<br><br>LOBOZZO, JAMES V JR<br>230 SOUTH COMMERCE AVENUE<br>SEBRING, FL 33830  |                        |                                 |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br>Signature, typed or printed name of registered agent and title if applicable. DATE _____   |                        |                                 |   |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>FILE NOW!!! - FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                        |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">DIR<br/>PAYNE, ROBERT L</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">1301 BLUEBERRY ROAD</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">SEBRING, FL 33872</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">DIR</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">PAYNE, CAROLINE J</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1301 BLUEBERRY ROAD</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">SEBRING, FL 33872</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table> |                        |                                 |   |   |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | DIR<br>PAYNE, ROBERT L | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 1301 BLUEBERRY ROAD |  | NAME |  |  | STREET ADDRESS | SEBRING, FL 33872 |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE | DIR | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | PAYNE, CAROLINE J |  | NAME |  |  | STREET ADDRESS | 1301 BLUEBERRY ROAD |  | STREET ADDRESS |  |  | CITY - ST - ZIP | SEBRING, FL 33872 |  | 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 |  |  | 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 |  |  |
| 10. OFFICERS AND DIRECTORS  |                        |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE   | DIR<br>PAYNE, ROBERT L | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME  | 1301 BLUEBERRY ROAD    |                                 | NAME  |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS  | SEBRING, FL 33872      |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP   |                        |                                 | CITY - ST - ZIP   |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE   | DIR                    | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME  | PAYNE, CAROLINE J      |                                 | NAME  |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS  | 1301 BLUEBERRY ROAD    |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP   | SEBRING, FL 33872      |                                 | 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   |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 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.   |                        |                                 |   |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>SIGNATURE:</b> <u>Robert L. Payne</u> <u>Robert L. Payne</u> <u>2-21-05</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |                        |                                 |   |   |   |                            |  |  |   |  |  |       |                        |                                 |       |  |   |      |                     |  |      |  |  |                |                   |  |                |  |  |                 |  |  |                 |  |  |       |     |                                 |       |  |   |      |                   |  |      |  |  |                |                     |  |                |  |  |                 |                   |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |