## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HASE OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 06, 2005 8:00 am Secretary of State

ANNUAL KEPUKI					04-06-2005 90127 015 ***158.75				
1. Entity Nam	MENT # P04000170								
Principal Place of Business 103 S. WILSON ST. CRESTVIEW, FL 32536		Mailing Address 103 S, WILSON ST. CRESTVIEW, FL 32536				50	0343	36	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt, #, etc.		Suite, Apt. #, etc.		02072005	Chg-P	CR2E03	34 (10/03)		
City & State		City & State			4. FEI Number	232867	2	<del> </del>	oplied For of Applicable
Zip	Country	Zip	Coun	try	1	of Status Desired	\$27	\$8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
GROSS, WILLIAM R 103 S. WILSON ST. CRESTVIEW, FL 32536					P.O. Box Number	is Not Acceptable			
· 				City			FL	Zip Cod	е
SIGNATURE_ FIL After Ma	ions of registered agent.  Signature, typed or printed name of registered agent is  E NOW!!! FEE IS \$150.00  ay 1, 2005 Fee will be \$550.0	9. Election Campai Trust Fund Contr	ign Finar ribution.		.00 May Be ed to Fees		DATE		
10.	OFFICERS AND	DIRECTORS	11.	<del></del>	ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
title Name Street Address City-St-Zip	P GROSS, WILLIAM R 343 MARIE CIRCLE FT. WALTON BEACH, FL 32548	C Defete		,				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSS, PATRICIA G 343 MARIE CIRCLE FT. WALTON BEACH, FL 32548	☐ Defete 	1	, .	-			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete		ł				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		,				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	1	· •			بيم محيد .	Change .	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•	,		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, v	true and accurate and that nowered to execute this report	ny signa as requi	ture shall have the	taalla isaal amee	as if made under c	sath that i s	m an officer Block 10 or	or director