## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

ANNUAL REPORT						, 2003 0	
1. Entity Nan	MENT # P04946 DITIES, INC.				Sec	eretary of	f State
2801 HIGHW P.O. BOX 51	VAY 280 SOUTH	ailing Address P.O. BOX 2606 BIRMINGHAM, AL 35202					
DO NOT WRITE IN THIS SPA			C E	01052005	No Chg-P	CR2E034 (10/0	3)
*.			<b></b>	4. FEI Numbe 63-0879 5. Certificate			Applied For Not Applicable Additional tired
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE				
The above the obligates SIGNATURE.	named entity submits this statement for the ptions of registered agent.  Signature, typed or printed name of registered agent and title		Led office or register		h, in the State of Flo	da. I am familiar wi	th, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			noing \$5.	00 May Be		DAIE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD MUNGUNAST, MICHAEL J 2801 HWY 280 S. BIRMINGHAM, AL 35223	STORS	-				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	TIMMONS, DAVID L 2801 HWY. 280 SOUTH BIRMINGHAM, AL 35223		· 		(100000 - 31/13/05	#179580 -8002 <b>4-</b> 001	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, R. STEPHEN 2801 HYW., 280 SOUTH BIRMINGHAM, AL 35223			DO	NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, NATHEA A 2801 HWY 280 S. BHAMINGHAM, AL 35223			IN 7	THIS SP	ACE	·
TITLE NAME STREET ADDRESS CITY-ST-7IP	T FRITTS, MILTON 2801 HWY. 280 SOUTH BIRMINGHAM AL 35223						

12. I hereby certify that the information supplied with this filling 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 to

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF GIONING OFFICER OR DIRECTOR

11/05

205-268-1000