2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000033595

FILED Mar 15, 2005 8:00 am Secretary of State 03-15-2005 90037 049 ***150.00

JEFFOEF	RY S. KEITH, CPA, P.A.										
Principal Place of Business 2201 US 27 S SEBRING, FL 33870 US		Mailing Address 2201 US 27 S SEBRING, FL 33870 US				4 TT ST 11		n ssim ssiii		0026	
2. Principal Place of Business		3. Maiting Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02042005	Chg-F		CR2E	034 (10/03)	
City & State		City & State		-	-	4. FEI Number 65-041				<u> </u>	oplied For ot Applicable
Zip	Country	Zíp	Count	Country		5. Certificate				\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent		Na		7. Name and	Address o	f New Re	gistered	Agent	
KEITH, JEFFOERY S 1010 15TH AVENUE SEBRING, FL 33872			-	Name Street Ac	ldress (I	P.O. Box Numbe	er is Not Ac	ceptable)			
			Ì	City					FL	Zip Cod	e
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, typed or printed name of registered ager	nt and title if applicable. (NOTI	E: Registered	Agent signatu	re required	when reinstating)			DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campai Trust Fund Cont		cing 🔲	\$5. Add	00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES	TO OFFIC	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH, JEFFOERY S 1010 15TH AVENUE SEBRING, FL 33872	☐ Delete		:	22 SE	OI US BLING,	27 FL	300 338°	TH 70-1	© Change	Addition
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12. I hereby o	certify that the information supplied wi	th this filing does not qualify for	r the exer	notion state	ed in Se	ction 119.07(3)(i). Florida S	itatutes. I	further ce	rtify that the i	nformation

Indicated on this report or supplied with this limit does not detailly to the exhibition stated in Section 119.07(3)(), Florida Statutes. Further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an afficer 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: 🖊