Test of M

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P93000050687** 01-18-2005 90049 016 \*\*\*150.00 L. D. PRICE & ASSOCIATES, INC. Principal Place of Business Mailing Address **4000649**3 3768A SILVER STAR RD 3768A SILVER STAR RD ORLANDO, FL 32808 US ORLANDO, FL 32808 2. Principal Place of Business 25 Wind tre- LN 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 01102005 CR2E034 (10/03) Cho-P Applied For City & State 4. FEI Number ter barde 59-3191054 Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRICE, LOUIE D Street Address (P.O. Box Number is Not Acceptable) 3768A SILVER STAR RD ORLANDO, FL 32808 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 мау Ве Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ÞΒ TITLE Delete TITLE Addition PRICE, DAVID NAME NAME 25 Wind thee LN Winfor Furly, FZ 34787 STREET ADDRESS 3768A SILVER STAR RD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP ☐ Delete TITLE Change . ■ Addition PRICE, SYLVIA NAME NAME STREET ADDRESS 3768A SILVER STAR RD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE SD Delete TITLE Change ☐ Addition NAME PRICE, LOUIE D NAME 3768A SILVER STAR RD 25 Windtree\_LN STREET ADORESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP THE Delete TITI F .Change \_ Addition\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. Louie D. Price SIGNATURE:

**FILED** 

Jan 18, 2005 8:00 am