SIGNATURE:

**FILED** 2005 FOR PROFIT CORPORATION
ANNUAL REPORT

May 06, 2005 08:00 AN
Secretary of State

1. Entity Nar	MENT # P9400001	10964			Secre	tary of Stat
597 CHIVAS	ce of Business 5 CT. RK, FL 32073	Mailing Address 597 CHIVAS CT. SUITE 203 ORANGE PARK, FL 32073	3			
	OO NOT WRIT	E IN THIS SP	PACE		Chg-P CR2E	Applied For Not Applicable  \$8.75 Additional Fee Required
JAROLL, I 597 CHIV/ ORANGE		nt Registered Agent			OT WRITI S SPACE	İ
the obligat	e named entity submits this statement tions of registered agent.  Signature, typed or printed name of registered age.		gistered Agent signature required		a State of Florida. I am	familiar with, and accept
After M	ay 1, 2005 Fee will be \$550	D DIRECTORS		ed to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAROLL, KATHY S.					20.445.05
NAME STHEET ADDRESS CITY-ST-ZIP	Andrew Control			U5/	/06/05-80032- 	UU4 15IJ.W
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The second second	F.		T WRITI	}
NAME STREET ADDRESS CITY-ST-ZIP				IN THI	S SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
of the con	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	powered to execute this report as r	e exemption stated in Se ignature shall have the s equired by Chapter 607	ction 119.07(3)(i), Florid same legal effect as if m , Florida Statutes; and the	la Statutes. I further cer lade under oath; that I i hat my name appears i	tify that the information am an officer or director of Block 10 or Block 11 if