2005 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

		2010000	- Marie	1	Secret	ary of State
DOCUMENT # P94000042926 1. Enlity Name CROTTY RESIDUALS MANAGEMENT, INC.						J ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
ONOTT	MEGIDO, NEG INIMIANO					
	YOUNG PARKWAY	Mailing Address 921 N JOHN YOUNG PARKW				
KISSIMMEE,	FL 34741 US	KISSIMMEE, FL 34741	US	: 1 [1 [1] [1] [1] [1]		
	O NOT WR	ITE IN THIS SP	ACE	04192005 I	No Chg-P CF	2E034 (10/03) Applied For
			想到为你,写	59-325401	3	Not Applicab
				5. Certificate of S	atus Desired	\$8.75 Additional Fee Required
	6. Name and Address of C	urrent Registered Agent	and the state of t			
CROTTY, BRYANT C				DO N	OT WRI	TE
921 N JOHN YOUNG PARKWAY KISSIMMEE, FL 34741				,		
THOOLINIA	-L, 1 L 0-11-11			IN IF	IIS SPAC	ノヒ
		ment for the purpose of changing its regi	stered office or registe	red agent, or both, in	the State of Florida.	am familiar with, and accep
the obligat	tions of registered agent.					
SIGNATURE.	Signature, typed or primed name of registe	red speet and trie if spelicable (MOTE Rec	stered Agent signature require	f when reinstation)		ATE
	Spirates, types of prince interest	Total and the supplementation of the suppleme	delive / gent signature / y quite			
	E NOW!!! FEE (\$ \$150. ay 1, 2005 Fee will be :			.00 May Be led to Fees		
10.	OFFICEF	S AND DIRECTORS				
TITLE	PS		**************************************	and the second s	erania e desensa a a d	
NAME STREET ADDRESS	CROTTY, BRYANT				330.00.00.00.00.00.00.00.00	4
CITY-ST-ZIP	KISSIMMEE, FL 34746			ាត	- UUUUU03350	40 2-001 150.00
TITLE	VPT		description of	e presidentamenta. M.T.	THE PERSON DESCRIPTION OF THE PERSON OF THE	c-uu. 190.00
NAME	CROTTY, LINDA					
STREET ADDRESS	1790 LEMON AVENUE					
CITY-ST-ZIP	KISSIMMEE, FL 34746		20.550.00.050.550.550.550.550.550.550.55	inann - Hallis Transproscaeterea	er research and a second	
TITLE NAME					·	
STREET ADDRESS				DO 1	OT WO	TE
CITY-ST-ZIP	1			א טע	IOT WRI	i C
TITLE			CONTRACTOR	IN T	HIS SPA	CE
NAME				11 4 1 1	HO OLV	√ im
STREET ADDRESS						
CITY-ST-ZIP			· Linguage	ar er	ilianinti je sej s	
TITLE			ł	•		
NAME STREET ADDRESS						
CITY-ST-ZIP						
דודון ד	 		aranasa. Ari mas	en er er en en er		

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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

MANAGURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

04/21/05

407-847-4960

Daytime Phone #