2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 21, 2005 08:00 AM Secretary of State

Daytime Phone #

1. Entity Nan	MENT # P9400005288	8			Secretary of State
Principal Place of Business Mailing Address 402 S 6TH AVE P.O. BOX 822 WAUCHULA, FL 33873 US WAUCHULA, FL 33873				02112005 No Chg-P CR2E034 (10/03) 4. FEI Number	
DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent LAMBERT, DORIS S 402 S 6TH AVE WAUCHULA, FL 33873 DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligations of registered agent. SIGNATURE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campalgo Financian Trust Fund Contribution.			· _ +	00 May Be ed to Fees	000000272235 03/21/05-80080-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LAMBERT, DORIS S 402 S 6TH AVE WAUCHULA, FL	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>. </u>	IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· · · , . ,
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					