2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)							FILED Apr 20, 2005 8:00 am			
1. Entity Nam	e	# P940000818 F FLORIDA, INC.	71		Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90329 020 ***150.00					
Principal Plac 2321 S RIDO EDGEWATE US	EWOOD A		Mailing Address 2321 S RIDGEWOOD AVE EDGEWATER FL 32141 US				5 (Ini ini inii inii inii inii inii inii),03969) 8 111111	
2. Principal P Suite, Apt.		ess	3. Mailing Address Suite, Apt. #, etc.			1 st MOORE CR2E034 (10/04)				
City & Stat			City & State			4. FEI Number 50, 2292766				
Zip	Country		Zip Coun		try	5. Certificate of Status Desired Fee Required		iditional		
6. Name and Address of Current Registered Agent CARDER, JAMES C JR 2321 S RIDGEWOOD AVE EDGEWATER FL 32141					7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)					
the obligat	named entit		or the purpose of changing its	s register	City ed office or registe	red agent, or bo	F th, in the State of Florida. 1 a			
After	ILE NOW! May 1, 200	or printed name of registered agen IFEE IS \$150.00 5 Fee Will Be \$550.00 5 Florida Department c	p	E. Registere	d Agent signalure require	d when reinstating)	9. Election Campaign Fina Trust Fund Contribution.	ncing \$5	.00 May Be ded to Fees	
8(8)(*)(2*6-, 5* - 10.	. 1999 (J. S.	OFFICERS AND	e Statistical	11.	,	ADDITIONS	CHANGES TO OFFICERS A	ND DIRECTO	RŜ IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DALE B. DGEWOOD AVE - ER FL 32141			E	☐/Change ☐ Addition 314 Mariners Gate Dr.,Edgewater. FL 32141				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2321 S-RI	JAMES C. JR DGEWOOD AVE TER FL 32141	· Delete		IE	305 Royal	2 Palm Dr. FL 32132	Change	Addition	
fitle NAME Street Address City-St-Zip			Delete		E	uyemiei,		🔲 Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			🗋 Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete					Change	Addition	
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: 4-8-05 386-427-9556 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR										

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