


# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90086 042 \*\*\*150.00

<b>DOCUMENT # P94000094139</b>	
1. Entity Name <b>JOHN D. CISSELL, INC.</b>	

Principal Place of Business <b>145 OSPREY LANE PALM HARBOR, FL 34683 US</b>	Mailing Address <b>P.O. BOX 350 PALM HARBOR, FL 34682 US</b>
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03052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business <i>1623 Heather Place</i> Suite, Apt. #, etc.	3. Mailing Address <i>1623 Heather Place</i> Suite, Apt. #, etc.
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City & State <i>Palm Harbor, FL</i>	City & State <i>Palm Harbor, FL</i>
Zip <i>34684</i>	Country <i>USA</i>

4. FEI Number <b>59-3277663</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CISSELL, JOHN D 145 OSPREY LANE PALM HARBOR, FL 34683</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1623 Heather Place</i> City <i>Palm Harbor</i> <b>FL</b> Zip Code <i>34684</i>	
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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 <i>John D Cissell Pres.</i>	<i>John @ Cissell</i>	DATE <i>4-11-05</i>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CISSELL, JOHN D 145 OSPREY LANE PALM HARBOR, FL 34683</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Same 1623 Heather Place Palm Harbor, FL 34684</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

<b>SIGNATURE:</b> <i>John @ Cissell</i> <b>John D Cissell, Pres</b> <i>4-11-05</i> <b>727-771-0828</b>	Signature and Typed or Printed Name of Signing Officer or Director	Date	Daytime Phone #
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