2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Jan 20, 2005 08:00 A			
1. Entity Nam	MENT # P950000140	05		And the second s	Seci	etary of State	•
1 '	e of Business TEE AVENUE WEST I, FL 34209	Mailing Address 4900 MANATEE AVENUE WEST SUITE 201 BRADENTON, FL 34209	-				
E	O NOT WRITE	IN THIS SPA	CE	01112005 4. FEI Numb 65-055	No Chg-P	CR2E034 (10/03) Applied For Not Applicate \$8.75 Additional Fee Required	ile
	6. Name and Address of Current Re	istered Agent		* ***			_
BEYER, D 101 EAST SUITE 200 TAMPA, F	KENNEDY BLVD. 30			-	NOT WI	7	
	named entity submits this statement for the figure of registered agent. Signature, typed or printed name of registered agent and		ed office or registe		oth, in the State of Flori	Ida I am familiar with, and accept	×
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.			ncing _ \$5	.00 May Be led to Fees		- · · · · · · · · · · · · · · · · · · ·	
10.	OFFICERS AND DI	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ETCHIESON, MIKE L 4900 MANATEE AVENUE WEST # BRADENTON, FL	201			01\51\02\ 0000000	186379 80054-009 150.QQ	
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE	
TITLE NAME							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05

<u>941-747-7747</u>