## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 24, 2005 08:00 AM Secretary of State

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1. Entity Nam	MENT # P9500003659		Secretary of State				
	VALLEY BLVD	Mailing Address 15110 PINE VALLEY BLVD CLERMONT, FL 34711					
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DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb 59-319	er		Applied For Not Applicable
			*	5. Certificate	of Status Desired	\$8.75 Fee Req	Additional uired
	6. Name and Address of Current Reg	istered Agent		7. ⊆. ₫°	۱۹۰۰ مید <u>هچ</u> اره روانه او ماهید روانه او ماهید		
LASLEY, FRANKLIN E 15110 PINE VALLEY BLVD				DO	NOT W	RITE	
CLERMONT, FL 34711			made universal section (	IN T	THIS SP	ACE	
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the obligat	named entity submits this statement for the clons of registered agent.	purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am famillar v	vith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and the	le if applicable, (NOTE, Registere	d Agent signature required	i when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees	U00000 01/26/05-4	195214 30019-020	158.75
10.	OFFICERS AND DIR	ECTORS		=	E E		
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indicated of the co	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trusted impower or on an attachment with an arterss, with	and accurate and that my signa ed to execute this report as requi	impuori stated in Se ture shall have the : red by Chapter 607	sceon 119.07(3) same legal effec 7, Florida Statute	(i), Florida Statutes. I ot as if made under o os; and that my name	iumner centify that t ath; that I am an off appears in Block 1	ne information icer or director 0 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_