2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # P95000079170 1. Entity Name 02-28-2005 90225 021 ***150.00 GIBBS & PARNELL, P.A. Principal Place of Business Mailing Address 37937 HEATHER PLACE . POST OFFICE BOX 618 20050173 DADE CITY FL 33526 DADE CITY FL 33526 2. Principal Place of Business 3. Mailing Address 15310 Amberly DR 5310 Amberly Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Tampai City & State 4. FEI Number Applied For 59-3341489 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 17:116borough Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIBBS, ANDER P Street Address (P.O. Box Number is Not Acceptable) 37937 HEATHER PLACE 15310 Amberly PR #175 DADE CITY FL 33526 ampa 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE Delete TITLE ☐ Addition GIBBS, ANDER P NAME 15310 Amberly DR STE 175 STREET ADDRESS STREET ADDRESS C/O 37937 HEATHER PLACE DADE CITY FL 33526 CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE PARNELL, THOMAS E NAME NAME STREET ADDRESS 15310 AMBERLY DR STE 175 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY+ST-7IE TITLE ☐ Delete TITLE ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete THLE ☐ Change TITLE NAME NAME SURFEL ADDRESS STREET ADDRESS

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 strue 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 of trustee employwered 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 Anope P. Gibbs 2-21-05 813-975-4444

CITY-ST-ZIP

SIGNATURE:

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