2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 👱

FILED Apr 11, 2005 08:00 AM Secretary of State

	WILITOWE	KEFOKI			- C	.4 af C4.4.
1. Entity Nan	MENT # P950000950 ND G. HADDOCK, INC.	531			Secre	etary of State
Principal Plac	ce of Business	Mailing Address		1		
376488 KIN	IGS FERRY RD	376488 KINGS FERRY RD	•	Ì		
HILLIARD, FI	L 32046 US_	HILLIARD, FL 32046 US				
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DO NOT WRITE IN THIS SPACE				03162005 No Chg-P CR2E034 (10/03)		
				4. FEi Numb	er	Applied For
				59-336	32623	Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional
	6. Name and Address of Current R	coistered Agent		<u> </u>	······································	Fee Required
	o. Hand and Adarbas of Carlone in	CANOCICA AGOIN				
	K, ROWLAND			DO	NOT WRI	TF
	76488 KINGS FERRY RD.					
HILLIARD, FL 32046 IN THIS SPACE					E	
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			<u> </u>			# 1 - 1 × 1
 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. 						
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SIGNATURE Signature, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				00 May Be ed to Fees		i
10.	OFFICERS AND D	IRECTORS	1			
TITLE	D					
NAME	HADDOCK, ROWLAND G	•	•			v
STREET ADDRESS CITY - ST - ZIP	376488 KINGS FERRY RD HILLIARD, FL 32046	,				I
	HILLIAND, FE 32040	<u> </u>			00000029	אַכּבּק
TITLE NAME	ĺ				000000023	024-013 150.00
STREET ADDRESS					01/11/10/00	mt4.013 130.00
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12. I hereby of indicated	certify that the information supplied with it on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, w	nis filing does not qualify for the exe we and accurate and that my slona	mption stated in Sec ture shall have the s	ction 119.07(3) same legal effec	(i), Florida Statutes, I further of as if made under oath; th	certity that the information at I am an officer or director
of the cor	poration or the receiver or trustee empower on an attachment with an address with	ered to execute this report as requi	red by Chapter 607	, Florida Statute	es; and that my name appea	ars in Block 10 or Block 11 if
J. 1011 g 5 01;	D 11 /1	11.11.11			> 1/3	

SIGNING OFFICER OR DIRECTOR