## **FILED** May 17, 2005 8:00 am Secretary of State 05-17-2005 90017 005 \*\*\*150.00

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	MENT # P9600001 PORATION	058								
Principal Place of Business		Mailing Address					= 0.0		_	
2115 RANGE RD		2115 RANGE RD					500	5282	4	
CLEARWATER, FL 33765 US		CLEARWATER, FL 33765 US								
								DANKI BATAK IAT		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05132005	Chg-P CR2E034 (10/03)				
City & State		City & State			4. FEI Number 59-335	FEI Number 59-3352742			plied For t Applicable	
Zip	Country	Zip	Country		1	of Status Desired		8.75 Add	itional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New				
			Name	Name						
PIPER, WA			Street	Street Address (P.O. Box Number is Not Acceptable)						
	TER, FL 33765									
			City				FL	Zip Code	•	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office of	r register	ed agent, or bo	th, in the State of F	lorida. I am fai	miliar with,	and accept	
SIGNATURE_							_	•		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	legistered Agent signa	ture required	when reinstating)		DATE			
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campaign Financing \$5 Trust Fund Contribution. Add			.00 May Be ed to Fees	In accordance corporation die	with s. 607.1 d not receive	93(2)(b), the prior r	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND D	PIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS PIPER, SCOTT 1948 BELLEAIR ROAD CLEARWATER, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2115	ER, SCOTT RANGE RD RWATER, FL	33765	(	<b>X</b> Change	Additio	
TITLE	DP	☐ Defete	TITLE	<u> </u>		····	[	Change	Additio	
NAME	PIPER, TODD		NAME	Ì				_		
STREET ADDRESS CITY-ST-ZIP	1810 ELAINE DRIVE CLEARWATER, FL		STREET ADDRESS CITY-ST-ZIP							
TITLE	TD	☐ Delete	TITLE	1				Change	Additio	
NAME	WILDER, SUZANNE P		NAME				•			
STREET ADDRESS	1338 PRESERVATION WAY		STREET ADDRESS							
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	<del>- </del>						
TITLE NAME		☐ Delete	TITLE NAME				Į.	Change	Additio:	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	1						
TITLE NAME		☐ Delete	TITLE NAME				(	Change	Additio	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Additio	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							

12. Thereby 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.

SIGNATURE:

SCOTT PIPER

5/(3/05)

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