## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

	MENT # P96000032				04-29-200	5 90223 014	***15	50.00	
1. Entity Nam J W ACO	<sup>™</sup> USTICS, INC.								
Principal Plac	e of Business	Mailing Address				14007	פּמַסו		
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OKLANDO, FI	L 32804-2735 US	ORLANDO, FL 32804-2	2/35 03	•		. INNE SIM BEN END AN	N BBIER HAR GERL BUIS		<b>11</b> 1   1 <b>11</b> 1
2. Principal P	lace of Business	3. Mailing Address							
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		04092005	Chg-P	CR2E034 (1)	0/03)	
City & State	e	City & State			4, FEI Numb	er	···	Ap	plied For
Tavare	s, FL	Tavares,	FL		59-337	4411		No	Applicable
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired		5 Add	
32778	6. Name and Address of Current	32778			7 Name and	Address of New R		lequired	<u> </u>
	o. Raine and Address of Custem	uafisman vilant		Name		'	rediscoled Affair		
WALKER,			}		hn Wall	CET er is Not Acceptable			
	NKETT DR. ), FL 32810			Street Address	(P.U. BOX NUMB	er is Not Acceptable	a)		
ONLANDO	7, TE 32010			28230 C	hirdov	Shores F	) A		
			}	20239 S	nrraea	SHOLES	FL Z	p Code 277	)
9 The elected	named entity submits this statement for	a the annual of above its			ares	th is the State of Ele			
	tions of registered agent.	i the purpose of changing ha	Le. Als reise	d onice or registe	red agent, or bo	ui, iii ule State Of Fit	Jilda. Taliilaliine	n witti	and accept
SIGNATURE	Signature, typed or printed name of registered egent	and title if applicable. (NOTE	E: Registered	d Agent signature require	d when reinstating)		DATE		
	<del>"</del>	6 Stanting Comment		-1	00				
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai Trust Fund Contr	-		.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.			CHANGES TO OFF			
TITLE	PSTD	☐ Delete	TITLE				( <b>X</b> ) C	hange	☐ Addition
NAME STREET ADDRESS	WALKER, JOHN G 7808 PLUNKETT DR.		NAME	: ETON					
			STREE		n Walke		53		
CITY-ST-ZIP	ORLANDO, FL 32810			ET ADDRESS 282	39 Shir	cley Shor	es Rd		
CITY-ST-ZIP TITLE	t .	☐ Delete		TADORESS 282 ST-ZEP Ta.V	39 Shir	cley Shor		hange	Addition
TITLE NAME	ORLANDO, FL 32810 VP CAIN, CRAIG	☐ Detete	CITY- TITLE NAME	TADDRESS 282 ST-ZP Tav VP Cra	39 Shir ares, I	rley Shor 71. 32778 n	<b>න</b> 0	hange	Addition
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indicated on this report or supplied entails report is true and accurate and that my signature shall have the same legal effect as it made under cath; that it am an officer or diffector of the corporation or the repetitive or trustees empowered export 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #