

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

05 FEB 10 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02042005 No Chg-P CR2E034 (10/03)

MRS

4. FEI Number 59-3397429 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REPH, SCOTT T SR.
507 SHADOW GROVE COURT
LUTZ, FL 33549

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registering with and accept the obligations of registered agent.

SIGNATURE _____ DATE 12/16/04 01031 002 \$1,288.75

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

*\$150 fee
2005 AR*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REPH, ALPHA I 507 SHADOW GROVE COURT LUTZ, FL 335494485
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD REPH, SCOTT T SR. 507 SHADOW GROVE COURT LUTZ, FL 335494485
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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 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 T. Reph, Sr* DATE: 2/4/05 DAYTIME PHONE # 813-933-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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