2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 19, 2005 08:00 AM Secretary of State

820-712-7880

Date

Daytime Phone #

ANNUAL REPURT				Secretary of State	
1. Entity Nam	MENT # P96000082	176		Secreta	iry of State
Principal Plac	e of Business	Mailing Address	<u> </u>	1	
	ESSEE AVENUE	1610 TENNESSEE AVENUE			
	N, FL 32444	LYNN HAVEN, FL 32444			
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		Physical Control	·		
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			レニ	4. FEI Number	Applied For
				59-3408484 Not Applicable	
{				5. Certificate of Status Desired	\$8.75 Additional
ļ <u> </u>				<u> </u>	Fee Required
	6. Name and Address of Current R	egistered Agent	e	e early to	
TILLMAN, JEAN F 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32944		e e e e e e e e e e e e e e e e e e e		DO NOT WRITE	
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
ļ	agrature, good or printed native or registered again and	Title in applicable. (NOTE, registere	to Agent signature recorded	, white the state of the state	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND D	RECTORS			
TITLE	P				
NAME	TILLMAN, JEAN F				
STREET ADDRESS	1610 TENNESSEE AVE				
CITY-ST-ZIP	LYNN HAVEN, FL 32444		j	180000001 000	A
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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 inchanged, or on an attachment with an address, with all other like empowered.					
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