## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL R	EPORT				ILED	
DOCU 1. Entity Nam HECAN,		6		A		2005 08 etary of	
12830 SI-W	DYHLLSROAD	ailing Address 12830 S-MDYHILLS FCAD 5FFINGHLL, FL 34610			: : : : : : : : : : : : : : : : : : :		
DO NOT WRITE IN THIS SPACE					, pan, apin apin edibi		oplied For
	6. Name and Address of Current Regis	Anna Sarah		5. Certificate of Statu	s Desired	60 7F	fitional
DARVISH, MEHRDAD 12830 SHADY HILLS ROAD SPRING HILL, FL 34610			DO NOT WRITE IN THIS SPACE				
the obligat	named ontity submits this statement for the pilons of registered agent.  Medical Signature, typed or printed name of registered agent and title  E NOWILL FEE IS \$150,00	sul	d Agent signature required	P-28-05	>	l am famillar with,	and accept
After Ma	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees			
10.  IITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	PS DARVISH, MEHRDAD 12830 SHADY HILLS ROAD SPRING HILL, FL 34610	TORS				:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	04./	U000003332 26/05-8008	203 38-022 450	:00
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NAME STREET ADDRESS CITY-ST-ZIP			The second second second	IN THI	S SPAC	CE	
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TITLE NAME STREET ADDRESS CHY-ST-ZIP		थान्ये •					
OF THE COST	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	i to execute this report as requir	nption stated in Secure shall have the secure 607	ction 119.07(3)(1), Florida ame legal effect as if ma , Florida Statutes; and th	a Statutes. I furthe ade under oath; the lat my name appe	er certify that the in nat I am an officer nars in Block 10 or	formation or director Block 11 if

4-22-05