2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000091459

1. Entity Name

SIGNATURE.

10.

CARNEY & ASSOCIATES OF CENTRAL FLORIDA, P.A.



FILED Apr 06, 2005 08:00 AM Secretary of State

Principal Place of Business ___ 7655 W GULF TO LAKE HIGHWAY

SUITE 2 CRYSTAL RIVER, FL 34429 7655 W GULF TO LAKE HIGHWAY SUITE 2

Mailing Address

CRYSTAL RIVER, FL 34429



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

CR2E034 (10/03) 03282005 No Chg-P

Applied For 4. FEI Number 59-3408992 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

CARNEY, BRUCE DO NOT WRITE 7655 W GULF TO LAKE HIGHWAY SUITE 2 IN THIS SPACE CRYSTAL RIVER, FL 34429

8,	The above named entity submits this statement for the purpose of changing its register	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accep
	the obligations of registered agent.	

(NOTE. Registered Agent signature required when rainstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campalgn Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS TITLE NAME CARNEY, BRUCE STREET ADDRESS 7655 W GULF TO LAKE HIGHWAY, SUITE 2 CRYSTAL RIVER, FL 34429 CITY-ST-ZIP TITLE 000000290684 04/06/05-800**79-005** 15**0.00** STREET ADDRESS CITY-ST-ZIP

TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath; 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR