2005 FOR PROFIT CORPORATION

10m

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 30, 2005 08:00 Al tate

	_ ANNUAL	REPORT		_	1410	6 50, 2005	
DOCUMENT # P9700003575 1. Enlity Name DONN G. SCOTF, CPA, P.A.				Secretary of S			
Principal Placi 801 W. GARD PENSACOLA,	DEN ST.	Mailing Address 801 W. GARDEN ST. PENSACOLA, FL 32501		 	JY NEWY KYDNI BENNI EBIN EBIN EBIN	T BUIN BUIN BUIN BUIN BUIN BUIN BUIN BUIN	
DO NOT WRITE IN THIS SPAC				03272005 No Chg-P CR2E034 (10/03) 4. FEI Number			
FERGUSON, MICHAEL L 4300 BAYOU BOULEVARD, STE. 12 & 13 PENSACOLA, FL 32503			DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. SIGNATURE Signature typed or pointed name of registered agent and bite if applicable (NOTE Registered Agent signature required Agent Signature					oth, in the State of Flor	rida I am (amiliar with, and a	accept
TO. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D SCOTT, DONN G 801 W. GARDEN ST. PENSACOLA, FL 32501	RECTORS			U000000 03/30/05- NOT W THIS SP		00
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 the empowered SIGNATURE: 3 37 05 (\$50) 43\$ - 75\$2							

3/27/05