

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90021 025 ***150.00

DOCUMENT # P97000010255 1. Entity Name ANTARES GROUP, INC.																																					
Principal Place of Business 12497 S TAMIAMI TRAIL STE 2 NORTH PORT, FL 34287			Mailing Address P O BOX 8065 NORTH PORT, FL 34287 US																																		
2. Principal Place of Business 760 SUGARWOOD Way		3. Mailing Address Suite, Apt. #, etc.																																			
City & State Venice, FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-0720634																																	
Zip 34292		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent BARBER, CYNTHIA C 4284 SUNBURST AVE NORTH PORT, FL 34286			7. Name and Address of New Registered Agent Name- KRUMENAKER, CYNTHIA C. Street Address (P.O. Box Number is Not Acceptable) 760 SUGARWOOD Way City Venice FL Zip Code 34292																																		
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 CYNTHIA C. KRUMENAKER CYNTHIA C. KRUMENAKER 02.15.05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P BARBER, CYNTHIA CONWAY 4284 SUNBURST AVE NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBER, CYNTHIA CONWAY 4284 SUNBURST AVE NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PISTID KRUMENAKER, CYNTHIA C. 760 SUGARWOOD Way Venice, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PISTID KRUMENAKER, CYNTHIA C. 760 SUGARWOOD Way Venice, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: CYNTHIA C. KRUMENAKER CYNTHIA C. KRUMENAKER 02.15.05 941-429-8244 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					