## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 24, 2005 08:00 AM Secretary of State

ANNUAL REPORT					red 24, 2005 08:00			
1. Entity Nam	MENT # P970000106			S	ecretar	y of Sta		
6824 HANGI	te of Busine <b>ss</b> ING MOSS ROAD IL 32807-5327 US	Mailing Address 6824 HANGING MOSS ROAD ORLANDO, FL 32807-5327 U	JS .	 	IC LOTA ICON BOUL BOUN TO	71 <b>- 1</b> 1   11   11   12   13   14   15   16   16   16   16   16   16   16		
D	OO NOT WRITE	IN THIS SPA	CE	02132005 4. FEI Numb 59-343		CR2E034 (10	51 <b>5</b> /9 (8.5) 8.61 /9 7= P1	
·	6. Name and Address of Current Re	sistered Agent	<u> </u>	<u> </u>		FOUNE	динео	
VARGAS, ROD E 6824 HANGING MOSS RD ORLANDO, FL 32807-5327			DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the	<u>,</u>	.t ed office or register		oth, in the State of Flo	orlda, I am familiar	with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.		.00 May Be ed to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AND DIF PDT VARGAS, ROD E 6824 HANGING MOSS RD ORLANDO, FL 32807 8V PARENT, CHRIS D 6824 HANGING MOSS RD ORLANDO, FL 32807	ECTORS			0000 02/24/03	JU241695 5-80054-00	)6 150 <b>.</b> 00	
TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VS THEORET, DENNIS R 6824 HANGING MOSS RD ORLANDO, FL 32807				NOT W THIS SF			
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<u>-</u>		N 100 1	,				

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: \_\_

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

18/05 407 629-8/80 Day Dayme Phone P