2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 08:00 AM
Secretary of State

ANNUAL REPORT					Aug 23, 2003 00.00 A		
DOCUMENT # P97000038352				Secretary of State			
1. Entity Nan		302				,	
	MANAGEMENT CORP.						
Lortor	MINIMACEMENT CONT.	÷		}			
1			A STATE OF				
Principal Plac	ce of Business	Mailing Address		\ <u></u>			
10 SE CHER		10 SE CHERRY LANE					
	34472 US	OCALA, FL 34472 US		}			
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						A pulled For	
			_	4. FEI Numb 65-075		Applied For Not Applicable	
						\$8.75 Additional	
				5. Certificate	of Status Desired	Fee Required	
	6. Name and Address of Current F	tegistered Agent			Trapenter (Control of the Control of		
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	0 SE CHERRY LANE			-			
OCALA, F	OCALA, FL 34472			IN "	THIS SPA	CE	
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8. The above	named entity submits this statement for	the purpose of changing its registere	d office of register	ed agent, or bo	th, in the State of Florida	a. I am familiar with, and accept	
the obligations of registered agent							
SIGNATURE							
Oldinity Office.	Signature typod or printed name of registered agent at	d'ille i applicable. (NOTE Régistores	Berluper อามโลกอาเล	รพิทัยก (อักสุลสาลา	er der der der der der der der der der	DATE	
			1 34 M.L.	<u> </u>			
	LE NOW!!! FEE IS \$150.00	 Election Campaign Finan Trust Fund Contribution. 	icing \$5. □ Add	.00 May Be	In accordance with	s. 607.193(2)(b), F.S., the receive the prior notice.	
D	ue by September 7, 2005	Trust Fund Contribution.	L, Aug	ed to Lees	Corporation did not	receive the prior hotice.	
10.	OFFICERS AND D	DIRECTORS " - " - " - " - " - " - " - " - " - "		घटा है जिल्ला उक्त रचनकार	THE PROPERTY OF THE PARTY OF TH		
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CITY-ST-ZIP							
12. I hereby o	certify that the information supplied with the	nis filling does not qualify for the exem	nption stated in Sec	cilon 119.07(3)(l), Florida Statutes I furt	ther 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.							
changed,	or on an attachment with an address, wi	tryall other like empowered.					
SIGNATURE: \$\frac{114}{2005} \frac{357674-3407}{357674-3407}							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cold Dayling Phone t							