## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 25, 2005 8:00 am Secretary of State

Principal Place of Business 115 W WOODWARD AVE EUSTIS, FL 32726  2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1172005 ChgP CR2E034 (10/03)  City & State City & State City & State City & State  Country Zip Country Sip Country Sip Country Size Address of Name and Address of Current Registered Agent Name CAUTHEN, DAVID E 131 W MAIN STREET TAVARES, FL 32778  8. The above named entity submits this externent 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 Signature, bysed or printed name of injectered agent and title if applicable.  PL Zip Code  NOTE Registered Agent required when narrosating)  PLE NOW!!! FEE IS \$1,50.00 After May, 1, 2005 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAIN STREET Change   Addition   TITLE   PREST DAVID   Delate   ITILE   PREST DAVID   DIRECTORS   ITILE   DIRECTORS   ITILE   PREST DAVID
115 W WOODWARD AVE EUSTIS, FL 32726  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Sp. 3466112  Separational  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  CIty  FL  Zip Code  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 and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if applicable.  Police in address of the registered Agent and title if app
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1172005 Chg-P CR2E034 (10/03)  City & State  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  CAUTHEN, DAVID E  131 W MAIN STREET  TAVARES, FL 32778  City  City  FL  Zip Code  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. Signature, typed or printed name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE.IS \$\$ 50.00  After May, 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Delete  TITLE  P  City  City  FL  Zip Code  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, typed or printed name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE.IS \$\$ 50.00  After May, 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Delete  TITLE  P  Change Addition  Delete  TITLE  P  Change Addition  Change Addition  STREET ADDRESS  THE ADDRESS AND DIRECTORS IN 11  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  P  Change Addition  Change Addition  Change Addition  STREET ADDRESS  THE ADDRESS THE ADDRESS  THE ADDRESS THE ADDRESS  THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE AD
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1172005 Chg-P CR2E034 (10/03)  City & State  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  CAUTHEN, DAVID E  131 W MAIN STREET  TAVARES, FL 32778  City  City  FL  Zip Code  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. Signature, typed or printed name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE.IS \$\$ 50.00  After May, 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Delete  TITLE  P  City  City  FL  Zip Code  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, typed or printed name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE.IS \$\$ 50.00  After May, 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Delete  TITLE  P  Change Addition  Delete  TITLE  P  Change Addition  Change Addition  STREET ADDRESS  THE ADDRESS AND DIRECTORS IN 11  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  P  Change Addition  Change Addition  Change Addition  STREET ADDRESS  THE ADDRESS THE ADDRESS  THE ADDRESS THE ADDRESS  THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE AD
City & State  Country  City  FL  Zip Code  City  City  City  FL  City  City  FL  City  City  City  FL  City  City  City  City  City  FL  City
Zip Country
6. Name and Address of Current Registered Agent  CAUTHEN, DAVID E 131 W MAIN STREET TAVARES, FL 32778  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  Signature, typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOWIII FEE IS \$\frac{1}{2}50.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Added to Fees  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PELFREY, CHARLES GLENN STREET ADDRESS  TO A MAKE STREET ADDRESS
CAUTHEN, DAVID E 131 W MAIN STREET TAVARES, FL 32778  Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  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  SIGNATURE  FILE NOWILL FEE IS \$ 50.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Delete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TREET ADDRESS
CAUTHEN, DAVID E 131 W MAIN STREET TAVARES, FL 32778  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE.IS \$350.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME PELFREY, CHARLES GLENN STREET ADDRESS  TO STREET ADDRESS  TEST ADDRESS  T
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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 and title if applicable.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE.IS \$ \$50.00  After May 1, 2005 Fee will be \$550.00  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PRESS DATE DIRECTORS IN Addition  NAME  STREET ADDRESS  115 WEST WOODWARD AVENUE
City  FL Zip Code  8. The above named entity submits this extrement 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  Signature, hyped or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE.IS \$ 50.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Delete  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PRESS DATE DIRECTORS  INDEED Addition  NAME  PELFREY, CHARLES GLENN  STREET ADDRESS  115 WEST WOODWARD AVENUE
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating)  OATE  FILE NOW!!! FEE.IS \$ 50.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.
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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE.IS.\$ 50.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  10.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PELFREY, CHARLES GLENN  STREET ADDRESS  115 WEST WOODWARD AVENUE  STREET ADDRESS  STREET ADDRESS
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE.IS \$ 50.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PELFREY, CHARLES GLENN STREET ADDRESS  115 WEST WOODWARD AVENUE  STREET ADDRESS  STREET ADDRESS
the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)    FILE NOW!!! FEE.IS.\$ 50.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$ 50.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE D- Delete TITLE PRESS DEFIN NAME STREET ADDRESS  115 WEST WOODWARD AVENUE  STREET ADDRESS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE.IS.\$ 50.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE P- Delete TITLE PARTS DIRECTORS NAME  STREET ADDRESS  115 WEST WOODWARD AVENUE  STREET ADDRESS
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE Delete TITLE PRESIDENT OFFICERS AND DIRECTORS IN 11  NAME PELFREY, CHARLES GLENN STREET ADDRESS  115 WEST WOODWARD AVENUE STREET ADDRESS
10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE Delete TITLE PRESS DEAN DIRECTORS IN 11  NAME PELFREY, CHARLES GLENN  STREET ADDRESS 115 WEST WOODWARD AVENUE STREET ADDRESS
NAME PELFREY, CHARLES GLENN NAME STREET ADDRESS 115 WEST WOODWARD AVENUE STREET ADDRESS
STREET ADDRESS 115 WEST WOODWARD AVENUE STREET ADDRESS
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP
TITLE Delete TITLE Change Addition
STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition
TITLE Delete TITLE Change Addition NAME
TITLE Delete TITLE Change Addition  NAME STREET ADDRESS
TITLE TITLE TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE CHANGE Addition  NAME  STREET ADDRESS  CITY-ST-ZIP
TITLE Delete TITLE Change Addition  NAME STREET ADDRESS
TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         . </td

I. 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

SMAING OFFICER OF DIRECTOR

Date

Daytime Phone #