2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 08:00 AM Secretary of State

ANNUAL REPURI					11, 2000 00:00
1. Entity Nam	MENT # P970000811	112			Secretary of Stat
Principal Plac	ce of Business	Mailing Address			
9245 CR 13		9245 CR 13 N		į	
ST AUGUSTIN	NE, FL 32092	- ST AUGUSTINE, FL 32092			
					LE 1888 HART BEHN GERN BONK BANCK BENGK HERD MEGEN NEUE NEUE (BENGK 18 1886)
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04052005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3473311 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
	o. Name and Address of Current He	Distated Vosit		. =:	·····
WEST, LYNN F 8245 CR 13 N SAINT AUGUSTINE, FL 32092			DO NOT WRITE IN THIS SPACE		
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 epplicable. (NOTE Registered Agent signature required when reinstating) DATE					
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Add				00 May Be ed to Fees	
10.	OFFICERS AND D	RECTORS			
TITLE NAME	P WEST, CHARLES E JR		1		
STREET ADDRESS	9245 CR 13 N		ļ		
CMY-ST-ZIP	ST AUGUSTINE, FL 32092				
TITLE	VST		1		000000297328 04/11/05-80024-014 150.00
NAME	WEST, LYNN F		I		04/11/03-00054-014 130.00
STREET ADDRESS	9245 CR 13 N		ţ		
CITY - ST-ZIP	ST AUGUSTINE, FL 32092		-		
TITLE RAME			1		
STREET ADDRESS			ł	DO	NOT WRITE
CITY-ST-ZIP		<u></u>			·····
TITLE			I	IN '	THIS SPACE
NAME Street address			l		
CITY-ST-ZIP			ł		
TITLE			1		
NAME			l		ļ
STREET ADDRESS CITY-ST-ZIP					
			-		
TITLE NAME			1		
STREET ADDRESS			1		
CITY-ST-ZIP			1		in the second se
12, I hereby of	certify that the information supplied with the on this report or supplemental report is tr	is filing does not qualify for the exe ue and accurate and that my signa	emption stated in Se ture shall have the s	ction 119.07(3) same legal effe	(i), Florida Statutes. I further certify that the information of as if made under cath; that I am an officer or director
12. I hereby certify that the information supplied with this filling 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 eath; 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.					