2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # P97000089			Secretary of Sta
Principal Place 1057 N. HWY LONGWOOD,		Mailing Address 2323 S VOLUSIA AVENUE ORANGE CITY, FL 32763	US	
D	O NOT WRITE		CE	01242005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3472523 Not Applied For Not Applicab 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SEXTON, DAVID N 1167 3RD ST, S., STE, 107 NAPLES, FL 34102				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, broad or or held name of registered agent and sile of applicable. (NOTE Registered Agent signature required when reinstating) DATE				
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0			5.00 May Be ided to Fees
TO. IITLE MAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D D MARTENS, ALEX G 7995 1ST AVE. S. ST. PETERSBURG, FL, 32707	IRECTORS (73)		U00000241068 02/24/05-80030-006 150.00
TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS			-	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP			-	
NAME STREET ADDRESS CITY ST-ZIP	Ar a sharp in the same of the	his filling done and a wall is for the	ompline states in Co	Section 110 (17/3Vi) Floride Statutes I further earlifu that the information
!	Al War			Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath, that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 in the control of th
SIGNAT	URE: SIGNATURE AND TYPED OR PR	INJED NAME OF SIGNING OFFICER OR DIREC	ENS DI	Date Dayline Phone #