2005 FOR PROFIT CORPORATION

FILED Mar 21, 2005 08:00 AM Secretary of State

	ANNUAL	KEPOKI -	~ ~			1, 2008 00:00
DOCU	MENT # P980000223		Secretary of State			
	IAM O. TATUM, IV, P.A.					
	CE B. DOWNS BLVD. #401	Mailing Address 13801 BRUCE B. DOWNS BLVE TAMPA, FL 33613	D. #401		: 1	17 11 3 1871 7110
DO NOT WRITE IN THIS SPA			CF	03142005	No Chg-P	CR2E034 (10/03)
	o noi mine.	11 11 11 O O A	-	4. FEI Number 59-3498		Applied For Not Applicable
	O News and Address of Course I Day	and the second s	(N N N N N N N N N N N N N N N N N N N	5. Certificate o	of Status Desired	\$8.75 Additional Fee Required
TATI 184 10	6. Name and Address of Current Reg	istered Agent				
	VILLIAM O IV UCE B. DOWNS BLVD. #401	-		—	NOT W	_ -
17.00.17.,1	2 30010		,	IN T	HIS SP	ACE
	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or register	ed agent, or both	, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE.						
	Signature, typed of printed name of registered agent and lit	le il applicable (NOTE, Registere	d Agent signature required	when reinstating)		DATE
	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		
10.	OFFICERS AND DIR	CTORS				·
TITLE NAME	D TATUM, WILLIAM O IV					
STREET ADDRESS CITY-ST-ZIP	13801 BRUCE B, DOWNS BLVD. #4 TAMPA, FL 33613	01	l		Hannar	1270457
TITLE	7,444	X			03/21/05-)270457 -80008–003 150.00
NAME STREET ADDRESS						
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CITY-ST-ZIP						
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CITY ST-ZIP		_	 .		_	

12. I hereby certify that the information supplied with his 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 of supplemental report is frue 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 employered 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-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

3/17/05 911

Daytime Phone #