2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

TENDUCHOWN COVERAGE, INC.  Walting Address  Making Address  12844 2015T RD LIVE OAK FL 30500  12944 2015T RD LIVE OAK FL 30500  2. Principal Place of Business  Sulla, April 4: 665  Sulla, April 4: 6	DOCUMENT # PROGRESSIA					7 FILED	
Principal Place of Business  International Place of Business  Inte						Feb 02, 2005 08:00 AM	
LIVE OAK FL 32860  LIVE OAK FL 3	TOUCHDO	OWN COVERAGE, INC.				Secretary of State	
LIVE OAK FL 32050  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  State Country  State Country  State Country  State Address of State Desired  State Address of New Registered Agent  Name  LOVELACE, WILLIAM K ESQUIRE  2310 WEST BAY DRIVE  LARGO FL 33770  City  FL Zip Code  State Address of New Registered Agent  State Address of Portion In No. State of Portion. Lam familiar with, and acceptable)  City  FL Zip Code  State Address of Portion. New Acceptable)  Stock Address of New Registered Agent  Stock Address of Portion. Lam familiar with, and acceptable be control adverse agent, or both, in the State of Portion. Lam familiar with, and acceptable control and acceptable to Portion Department of State  Final New Country In FEE IS \$150.00  Address Control of Portion In National Control of Portion In Nation	Principal Place	e of Business	Mailing Address				
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Specification   Specificatio						` '	
Second Companies of Current Registered Agent   T. Name and Address of New Registered Agent						59-3523777 Not Applica	
LOVELACE, WILLIAM K ESQUIRE 2310 WEST BAY DRIVE LARGO FL 33770  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 lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or Both, in the State of Florida.    International Planta	Zip			Cour	ntry	S. Certificate of Status Desired Fee Required	
LOVELACE, WILLIAM K ESQUIRE 2310 WEST BAY DRIVE LARRO FL 33770  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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOWILI FEE Is \$150.00  After May 1, 2005 Fee Will Bo \$550.00  Make Check Payable to Priorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  PIMENTEL, DAVID Delete  PIMENTEL, DAVID DELETE		6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered Agent	
LARGO FL 33770    City   FL   Zip Code	LOVELACE, WILLIAM K ESQUIRE						
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  Southas, hypold or printed name of registered agent agent late of explosible (NOTE Registered Agent signature required series invitation)  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State (10. OFFICERS AND DIRECTORS)  INI. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  INI. NAME  PRIMENTEL, DAVID  STRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  INI. NAME  STRET ADDITIONS (10. St. 2P)  INI. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  INI. NAME  STRET ADDITIONS (10. St. 2P)  INI. NAME  STRET ADDITIONS (10. St. 2P)  INI. NAME  STRET ADDITIONS  OUT ST. 2P							
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/390. Florida Statutes 1 further certify that the information	CITY-ST-ZIP			CITY	'-ST-ZIP		
12. 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 cath; 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 changed, or on an attachment with an address, with all other like empowered.	12. I hereby of indicated of the correct	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee or or on an attachment with an address	ith this filling does not qualify to is true and accurate and that powered to execute this report with all other like empowered	or the exe my signa t as requi	emption stated in Se ture shall have the ired by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under cath; that I am an officer or director, I Florida Statutes, and that my name appears in Block 10 or Block 11	