2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						FILED			
1. Entity Nan				Jan 24, 2005 08:00 AM Secretary of State					
RECONC	CILIATIONS LIMITED, INC.								
Principal Plac	ce of Business	Mailing Address			1		÷		
13817 PERDIDO KEY DRIVE,#401E P O BOX 1089 PENSACOLA FL 32507 BUFORD GA 30515									
						######################################	##!!! 	ANG MANA BAMANAN AG MANA	
2. Principal Place of Business 3. Mailing Address					† 				
Suite, Apt. #, etc Suite, Apt.			. #, etc.		- 1s	st MOORE	CR2E034 (10/	⁷ 04)	
City & Star	te	City & State			4. FEI Numb	Der 58-1886141		Applied For Not Applicable	
Zip	Country Zip Co.		Count	ry	5. Certificate	e of Status Desired		75 Additional	
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New Re		`	
77.7	TUM, DONALD E			Name		- ·			
13817 PERDIDO KEY DRIVE,#401E PENSACOLA FL 32507				Street Address (P.O Box Numb	oer is Not Acceptable) —————		
	(0) (0 0 0 (1 0 0 0 0 0)		-	City		<u> </u>	F. /2	Zip Code	
2 The shows	e named entity submits this statement for	or the purpose of changing its	er rapieter e	•	red agent or hi	oth in the State of Flor	FL	·	
	a named entity subtrits this statement is tions of registered agent.	of the burbose of changing ha	2100131610	a office of register	red agent, or be	July at the Oldies of From	ioo. Topicionimi	a mar, and hoods.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	TE Registered	Agent signature required	d when reinstating)	 	DATE		
I .	FILE NOW!!! FEE IS \$150.00	TO NOT THE PARTY OF THE PARTY O				9. Election Campa	ign Financing	\$5.00 May Be	
After Make Check	· May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o	of State				Trust Fund Cont	tribution.	Added to Fees	
10.	OFFICERS AND	. <u> </u>	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRE		
HILE NAME	D TATUM, DONALD E	☐ Delete	TITLE NAME					Change	
STREET ADDRESS	13817 PERDIDO KEY DRIVE,#401	IE	STRFF	T ADDRESS SI- ZIP					
CITY-ST-ZIP THUE	PENSACOLA FL 32507	☐ Delete	TITLE			-, -		Change Addition	
NAME STREET ADDRESS			NAME STREE	T ANDRESS		U00000183 01/24/05-80		ደሰ ሰስ	
CHY-SI-ZIP	-	·		ST-ZIP		017 637 03 00			
THE NAME		☐ Delete	TITLE NAME					Change	
STREET ADDRESS				T ADDRESS ST-ZIP					
CITY-SI-ZIP		☐ Delete	TITLE	31-21				Change	
NAME			L NAME	T AUDRESS					
STREET ADDRESS CITY-ST-ZIP			1	ST-ZIF					
TIFLE		☐ Delete	HRE NAME					Change	
STREET ADDRESS			STHEE	T ADORESS ST-ZIP					
CHY-ST-ZIP		Delete	uns	31 21				Change	
NAME CLOCK CADORITIES			NAME	T ADDRESS					
STREET ADDRESS CITY ST ZIP		·	ÇĮJy	SI-7IF					
12. I hereby indicated	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trastee emp l, or on an attachment with an address,	this filing does not qualify for true and accurate and that	or the exen	nption stated in Se ure shall have the : ad by Chapter 607	action 119.07(3) same legal effe 7. Florida Statul	(i), Florida Statutes. I ect as if made under o	further certify the ath, that I am an	at the information officer or director	
changed	or on an attachment with an address,	with all other in empowered	as recom	sa by Chapter our					
SIGNAT	TURE:	16 ful		-	/-/	8-05	404-406 Davime	57410	
İ	CERCINATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER	A OR DIRECTO	JR.		Date	Davirhe	1.10/10/1	