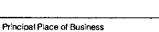
2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P98000070731 1. Entity Name

FILED Feb 09, 2005 8:00 am Secretary of State

02-09-2005 90044 048 ***150.00





2224 ADAM CT.

PALM HARBOR, FL 34683

Mailing Address

2224 ADAM CT. PALM HARBOR, FL 34683



DO NOT WRITE IN THIS SPACE

| 01202005 No Chg-l | | CR2E034 (10 | 0/03) | |
|-------------------|-----|-------------|----------------|--|
| 4. FEI Number | · | | Applied For | |
| 59-3530 | 163 | Γ | Not Applicable | |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| ο, | reame | and Ad | Karess of | Current | regist | srea Age | nt |
|----|-------|--------|-----------|---------|--------|----------|----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

ALEXANDER, JACK D 2224 ADAM CT. PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plions of registered agent. | urpose of changing its registered o | ffice or r | egistered agent, or both | h, in the State of Florida. I am familiar with, and accept |
|---|---|--|--------------|--------------------------------|--|
| SIGNATURE_ | Signature, typed or printed name of progratical agent and the | Lappicable, (NOTE: Beg-stered Age | oʻrulanga ¥n | required when reinstating) | - DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campaign Financing Trust Fund Contribution. | g 🗆 | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS | PD ALEXANDER, JACK D 613 TIMBER LANE 2224 | DAM CT | | | ······································ |
| CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS | TARPON SPRINGS, FL-34689 PAL | M HARBOR, FL 34683 DAM CH M HARBOR, FL 34685 | -7 | | NOT WRITE THIS SPACE |
| CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP DTLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |

12. Thereby certify that the information supplied with this fiting 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 oath; 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.

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR