2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2005 08:00 AM Secretary of State

	ANNUAL	REPORT .		Apr 10, 2005 00.00
DOCUMENT # P98000073632				Secretary of Sta
1. Entity Nam	· · · · ·			
			THE STATE OF THE S	
Principal Plac	e of Business	Mailing Address		
	PIPER COURT	4026 SANDPIPER COURT		
PALM HAKB	OR, FL 34684	PÄLM HARBOR, FL 34684		
			same of the same o	
				02212005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE			CF	
				4. FEI Number Applied For S9-3530258 Not Applied by
				\$0.7E
			T	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current R	agistered Agent		
ARNOLD,				DO NOT WRITE
4026 SANDPIPER COURT PALM HARBOR, FL 34684				
1. VIEINI LIVI	NDON, 1 E 04004		1	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 Fiorida, I am familiar with, and accept				
the obligations of registered agent.				
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE				
EH	E NOW!!! FEE IS \$150.00	9. Election Campaign Final	ncing \$5.	5.00 May Be
	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	. Add	ded to Fees
10.	OFFICERS AND D	RECTORS		The state of the s
TITLE	P			<u> </u>
NAME Street Address	ARNOLD, JANET L 4026 SANDPIPER CT		}	
CITY-ST-ZIP	PALM HARBOR, FL 34684			U000003107U7
TITLE	VTS]	<u>04/18/05-8</u> 0015-007 150.00
NAME	ARNOLD, JANET L		ì	
STREET ADDRESS CITY - ST - ZIP	4026 SANDPIPER CT PALM HARBOR, FL 34684	-		
TITLE		· · · · · · · · · · · · · · · · · · ·		
NAME			ſ	
STREET ADDRESS CITY-ST-ZIP			}	DO NOT WRITE
TITLE NAME	,		1	IN THIS SPACE
STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		n werneda	<u>. 14. o. e. e.</u>
TITLE NAME				
STREET ADDRESS			ſ	
CITY-ST-ZIP			J	
TITLE				**************************************
NAME STREET ADDRESS			1	
CITY-ST-ZIP				
12. I hereby o	certify that the information supplied with it	is filing does not qualify for the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information
of the cor	poration or the receiver or trustee empow	ue and accurate and that my signal ered to execute this report as requi	iture snall have the : fred by Chapter 607	esame legal effect as it made under oath; that I am an officer or director 17, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if
12. I hereby certify that the information supplied with this filling 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.				

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: