2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2005 08:00 AM Secretary of State

ANNUAL REPURI					Apr 00, 2005 08:00 A		
DOCUN	MENT # P98000081		Secretary of State				
	ARMON, P.A.						
Principal Place 1325 CEYLON ORLANDO, FL	N DRIVE	Mailing Address 1325 CEYLON DRIVE ORLANDO, FL 32806			.	######################################	
D	O NOT WRITE		CE	02262005 4. FEI Number 59-3543	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current F	egistered Agent	-				
HARMON, TANIA 1325 CEYLON DRIVE ORLANDO, FL 32806					NOT WE HIS SPA		
	named entity submits this statement for ons of registered agent.	the purpose of changing its registe	red office or registe	red agent, or both	, in the State of Flori	da. I am familiar with, and accept	
SIGNATORE	Signature, typed or printed name of registered agent a	id title il applicable (NOTE Registe	red Agent signature require	d whon reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina. Trust Fund Contribution.			ancing \$5 n.	.00 May Be ded to Fees			
10.	OFFICERS AND I	DIRECTORS			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, TANIA 1325 CEYLON DRIVE ORLANDO, FL 32806						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					40000 04706703	00290048 5-80049-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WI	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SP	ACE	
NAME STREET ADDRESS GITY-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 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:

NAME STREET ADDRESS CITY+ST-ZIP

James Harms—
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tania Harmon 444

4/4/03

407-306 878

Daytime Phone #