2005 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business 1940 SADDLE BROOKE DR. 1940 SADDLE BROOK
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O6102005 Chg-P CR2E034 (10/03) City & State A, FEI Number S9-3538052 Not Applicate S9-3
City & State Country Country Country Country Country Country S. Cortificate of Status Desired S. Sample State of Florida. To Name and Address of New Registered Agent To Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. Treet Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. City S. Cortificate of Status Desired S. Street Address of New Registered Agent To Name and Address of New Registered Agent
Zip Country Zip Country 59-3538052
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, LILLIE R 1940 SADDLE BROOKE DR. TALLAHASSEE, FL 32303 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. I am familiar with, and ac the obligations of registered agent. SiGNATURE FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME JONES, EDWARD L SIRET ADDRESS 1940 SADDLE BROOKE DR. CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP NAME JONES, LILLIE R SIRET ADDRESS 1940 SADDLE BROOKE DR. CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP TITLE NAME JONES, NICHOLAS R NAME JONES, NICHOLAS R Delete TITLE V JONES, NICHOLAS R Delete TITLE V JONES, NICHOLAS R Delete TITLE V JONES, NICHOLAS R Delete TITLE V JONES, NICHOLAS R Delete TITLE V JONES, NICHOLAS R Delete TITLE V JONES, NICHOLAS R
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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. I am familiar with, and ac the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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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 informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: Edward & Jerus 6-13-65 850-264-109 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Despiring Proper