2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 08:00 AM Secretary of State

Daytime Phone #

| 1. Entity Nan | MENT # P980000820 | | | Secretary of Sta | iic |
|--|--|--|--|--|-------------------|
| 1 | ce of Business _ | Mailing Address | 2 | | |
| 5431 FOLE | y square Richey, Fl. 34652 | 5431 FOLEY SQUARE NEW PORT RICHEY, FL 34652 |) | | |
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| | | | · • • • • • • • • • • • • • • • • • • • | 5. Certificate of Status Desired \$8.75 Additional | |
| | 6. Name and Address of Current Re | egistered Agent | | Fee Required | _ |
| <u> </u> | o, Rame and Address of Current Re | gastered Agent | | The second secon | |
| | E, JAMES W DR. EY SQUARE | | *** *** * , | -DO NOT WRITE | |
| | RT RICHEY, FL 34652 | <u>-</u> | · · · · · · | IN THIS SPACE | |
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| | e named entity submits this statement for t tions of registered_agent, | he purpose of changing its register | ed office or register | red agent, or both, in the State of Florida. I am familiar with, and acc | ept |
| SIGNATURE. | | | | | |
| SIGNATORE | Signature, typed or printed name of registered agent and | title if applicable (NOTE, Registere | ed Agent signature required | Programme and the second secon | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campaign Final Trust Fund Contribution. | | .00 May Be 02/08/05-80011-014 150.00 | |
| 10. | OFFICERS AND DI | RECTORS | | | |
| TITLE NAME | DE GRACE, JAMES W | | ļ | | |
| STREET ADDRESS | 5431 FOLEY SQUARE | | | the state of the s | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34652 | | Tankaranananan | A CONTRACTOR OF THE PROPERTY O | |
| NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | <u> </u> | |
| TITLE | | | , | # *** | ĺ |
| NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | • | DO NOT WRITE | |
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| NAME expect aboves | | | | IN HILL STACE | |
| STREET ADDRESS CITY-ST-ZIP | | | - | | |
| TITLE | | | resign access to a response | | |
| NAME Street Address | | | | | |
| CITY-ST-ZIP | | | | | _ |
| TITLE | | | I | · | |
| NAME Street address | | | l | | |
| CITY-ST-ZIP | | | | | |
| 12. I hereby of indicated of the corchanged, | certify that the information supplied with the on this report or supplemental report is troporation or the redeliver or trustee empowers or on an attachment with an address, with | is filing does not qualify for the exe ue and accurate and that my signa ered to execute this report as requi n all other like empowered. | mption stated in Seture shall have the s red by Chapter 607 | ction 119.07(3)(i), Florida Statutes. I further certify that the informatio same legal effect as if made under oath; that I am an officer or direct ', Florida Statutes; and that my name appears in Block 10 or Block 1 | in tor 1 if |
| | | | | 1/20/05 | |
| SIGNAT | SIGNATURE AND TYPED OR PRIM | ITED NAME OF SIGNING OFFICER OR DIRECT | ron | Date Daytime Phone # | |