2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

1. Entity Nar	MENT # P980000823 FIRMA SALES, INC.				Secreta	ary of State	
Principal Place 423 BELLIN NOKOMIS, F		Mailing Address P.O. BOX 1744 VENICE, FL 34284					
C	OO NOT WRITE 6. Name and Address of Current Re		CE	01202005 4. FEI Numb 65-090	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
WHEELER, CHARLES F 871 VENETIA BAY BLVD SUITE 350 VENICE, FL 34285				DO NOT WRITE IN THIS SPACE			
the obligat	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and the tion of the tio		d Agent signature require		oth, in the State of Flo	orida. I am familiar with, and accept	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, FRANK C 423 BELLINI CIRCLE NOKOMIS, FL 34275		L Ad	ued (o rees	U00000 05/02/05-	0348543 80027-021 150.00	
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12. I hereby condicated of the corporated changed,	ertify that the Information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	filing does not qualify for the exer e and accurate and that my signal ed to execute this report as requir all other like empowered.	nption stated in Seure shall have the ed by Chapter 60	ection 119.07(3)(same legal effec 7, Florida Statute	i), Florida Statutes. I to t as if made under oa s; and that my name	further certify that the Information ath; that I am an officer or director appears in Block 10 or Block 11 if	