2005 FOR PROFIT CORPORATION

SIGNATURE:

FILED **ANNUAL REPORT** Feb 16, 2005 08:00 AM Secretary of State DOCUMENT # P98000101068 PAUL R. BRADSHAW, P.A. Mailing Address Principal Place of Business 1345 DUPONT ROAD P.O. BOX 10570 TALLAHASSEE, FL 32302 HAVANA, FL 32333 Committee of the Commit 01072005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3545795 Not Applicable the state of the s \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COMPANY OF THE PARTY OF THE PAR BRADSHAW, PAUL R **DO NOT WRITE** 1345 DUPONT ROAD HAVANA, FL 32333 ... THIS SPACE war free or the first 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 accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PΩ TITLE BRADSHAW, PAUL R NAME **ROUTE 1 BOX 2818** STREET ADDRESS 02/16/05-80043-002 150.00 CITY-ST-ZIP HAVANA, FL 32333 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS en normal Selfs (Selfs) Selfs (Selfs) (Selfs) (Selfs) CITY-ST-ZIP TOMES OF HER HELDERS TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information subplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Daytime Phone 8

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR