## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 24, 2005 08:00 AM Secretary of State

MACCESNIV, FL. 32063  Maling Address T25 SOUTH 6TH STREET MACCESNIV, FL. 32063  MACCESNI	1. Entity Nan	MENT # P980001018	19			Secretary or Stat		
DO NOT WRITE IN THIS SPACE    A. Fill Number   S9-3547425   Applied for   Not Applie	725 SOUTH	6TH STREET	725 SOUTH 6TH STREET					
DO NOT WRITE IN THIS SPACE  4. TEL Number 69-3547425   S. Certificate of Status Desired   \$4.755. Additional Fog Required  5. Name and Address of Current Rigilatered Agent    TECSON, ANGELITO B 500 CREWS STREET   MACCLENNY, FL 32083   DO NOT WRITE IN THIS SPACE    5. The above named only submiss this statement for the purpose of changing as regulatered agent, or both, in the Sales of Florida. I am fertilizer with, and accost the obligations of registered agent, or both, in the Sales of Florida. I am fertilizer with, and accost the obligations of registered agent, or both, in the Sales of Florida. I am fertilizer with, and accost the obligations of registered agent, or both, in the Sales of Florida. I am fertilizer with, and accost the obligations of registered agent, or both, in the Sales of Florida. I am fertilizer with, and accost the obligations of registered agent, or both, in the Sales of Florida. I am fertilizer with, and accost the obligations of registered agent, or both, in the Sales of Florida. I am fertilizer with, and accost the obligations of registered agent, or both, in the Sales of Florida. I am fertilizer with, and accost the obligations of registered agent, or both, in the Sales of Florida. I am fertilizer with, and accost the obligations of registered agent, or both, in the Sales of Florida. I am fertilizer with, and accost the obligations of Florida Sales. I am fertilizer with a contribution of Florida Sales. In the Information accosts of the accost of Florida Sales. In the Information of Florida Sales. In the Informati				<del>~_</del>				
S. Satisficate of Satus Debited S. Satisficate  S. Name and Address of Current Registered Agent  TECSON, ANGELITO B 590 CREWS STREET  MACCLENNY, FL 32033  DO NOT WRITE IN THIS SPACE  S. The above named onliky submits this statement for the purpose of changing is registered spert, or both, in the State of Ronda. I am familiar with, and accord the debiguions of registered agent.  S. CRATURE  SCHATURE  Pagents hade-for-index ref and guard agen and the fundational ground Agent space are recovered in the debiguions of registered spert, or both, in the State of Ronda. I am familiar with, and accord the debiguions of registered spert, or both, in the State of Ronda. I am familiar with, and accord the debiguions of registered spert, or both, in the State of Ronda. I am familiar with, and accord the debiguions of registered spert, or both, in the State of Ronda. I am familiar with, and accord the debiguions of registered spert, or both, in the State of Ronda. I am familiar with, and accord the debiguions of registered spert, or both, in the State of Ronda. I am familiar with, and accord the debiguions of registered spert, or both, in the State of Ronda. I am familiar with, and accord the debiguions of registered spert, or both, in the State of Ronda. I am familiar with, and accord the debiguions of registered spert, or both, in the State of Ronda.  SECHATURE  Pagents hade-for-index agent and the state of Ronda agent agent and accord to the specific and the specific and the Ronda agent					01182005	No Chg-P CR2E034 (10/03)		
S. Name and Address of Current Registered Agent  TECSON, ANGELITO B 590 CREWS STREET  MACCLENNY, FL 32053  DO NOT WRITE IN THIS SPACE  8. The above named onliky submits this statement for the purpose of changing its registered cilice or registered agent, or both, in the State of Fonds. I am familiar with, and account the collegations of registered agent, or both, in the State of Fonds. I am familiar with, and account the collegation of registered agent, or both, in the State of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with, and account the state of Fonds. I am familiar with an account the state of Fonds. I am familiar with an account the state of Fonds. I am familiar with an account the state of Fonds. I am familiar with the state of Fonds. I am familiar with an account the state of Fonds. I am familiar with the state of Fonds. I am familiar with a price of Fonds. I am familiar with a familia	L	O'NOI WHILE	IN THIS SPA	CE				
TECSON, ANGELITO B 590 CREWS STREET  MACCLENNY, FL 32063  B. The above named entity submits this statement for the purpose of changing as registered effice or registered agent, or both, in the State of Florida. Lam lamitiar with, and accord in the obligations of registering agent.  SIGNATURE:  B. DO NOT WRITE  IN THIS SPACE  A. The above named entity submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. Lam lamitiar with, and accord in the Obligations of registering agent, or both, in the State of Florida. Lam lamitiar with, and accord in the Florida State of Florida. Lam lamitiar with, and accord to the Florida State of Florida. Lam lamitiar with, and accord to the Florida State of Florida. Lam lamitiar with, and accord to the Florida State of Florida. Lam lamitiar with, and accord to the Florida State of Florida. Lam lamitiar with, and accord to the Florida State of Florida. Lam lamitiar with, and accord to the Florida State of Florida State of Florida. Lam lamitiar with, and accord to the florida State of Florida State of Florida. Lam lamitiar with, and accord to the florida State of Florida State of Florida. Lam lamitiar with, and accord to the florida State of Florida Sta			يا ما يعم شفون ( ١٩٠١ - ١	سمو منشقت	5. Certificate			
IN THIS SPACE  8. The above named onliky submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and account the dolligations of registered agent, or both, in the State of Florida. I am familiar with, and account the dolligations of registered agent, or both, in the State of Florida. I am familiar with, and account the dolligations of registered agent, or both, in the State of Florida. I am familiar with, and account the dolligations of registered agent, or both, in the State of Florida. I am familiar with, and account the dolligation of registered agent, or both, in the State of Florida. I am familiar with, and account the dolligation of registered agent, or both, in the State of Florida. I am familiar with, and account the state of the familiar with and account the familiar with an account the familiar wi		8. Name and Address of Current Ro	istered Agent					
S. The above named only submits this statement for the purpose of changing as registered agant, or both, in the Size of Fonds. I am familiar with, and accopt the obligations of registered agant.  SIGNATURE  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  Trust Fund Contribution.  DESCON, ANGELITO B  SIRET ARRIESS  CITY-SI-2P  MACCLENNY, FL 32063  DO NOT WRITE  INT.  NAME  SIRET ARRIESS  CITY-SI-2P  DO NOT WRITE  INT.  INT.  NAME  SIRET ARRIESS  CITY-SI-2P  DO NOT WRITE  INT.  INT.  NAME  SIRET ARRIESS  CITY-SI-2P  DO NOT WRITE  INT.  INT.  NAME  SIRET ARRIESS  CITY-SI-2P  DO NOT WRITE  INT.  INT.  NAME  SIRET ARRIESS  CITY-SI-2P  DO NOT WRITE  INT.  INT.  NAME  SIRET ARRIESS  CITY-SI-2P  DO NOT WRITE  INT.  INT.  INT.  ARRIES CITY-SI-2P  DO NOT WRITE  INT.  INT.  INT.  SIZE ARRIES CITY-SI-2P  ARRIES CITY-SI-2P  SIGNATURE:  SIGNAT	590 CREV	VS STREET		DO NOT WRITE				
SIGNATURE    Signature   Signa	MACCLER	MACCLENNY, FE 32083			IN THIS SPACE			
SIGNATURE    Signature   Signa	-2 -		7					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  10. TESCON, ANGELITO B TESCON, ANGELITO B SOO CREWS STREET MACCLENNY, FL 32063  10. STREET ADDRESS  10. STREET ADDRE				red office or register	red agent, or bo	oth, in the State of Florida. I am familiar with, and acco	int	
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Accided to Fees  10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-2P	SIGNATURE.	Signature hypedior printed name of registered agent and to		ed Agent signature required	when minetaling)	DATE		
TITLE  TOP TESCON, ANGELITO B  STRETADRESS  590 CREWS STREET  GIV-SI-2P  MACCLENNY, FL 32063  TITLE  NAME  SIREF ADDRESS  CITY-SI-2P  TITLE  INTE  INT	Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		noing \$5.	.00 May Be ed to Fees			
TESCON, ANGELITO B SITEST ADDRESS SPOCREWS STREET SPOCREWS STREET MACCLENNY, FL 32063  TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME SIRET ADDRESS			ECTORS	-{				
ITLE NAME SIREET ADDRESS CITY-ST-2IP  DO NOT WRITE INTE INTE INTE INTE INTE INTE INTE I	NAME Street address	590 CREWS STREET				U00000368121 05/24/05-80004-014 15	30. OO	
DO NOT WRITE  IN THIS SPACE  IN THIS	NAME STREET ADDRESS	,						
IN THIS SPACE  IN THI	NAME STREET ADDRESS				DO.	NOT WRITE	- .	
NAME STREET ADDRESS CITY-ST-ZP  ITTLE  MAKE STREET ADDRESS CITY-ST-ZP  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:	TITLE NAMÉ STREET ADDRESS							
STREET ADDRESS CITY-SI-ZIP  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 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							
indicated of this report of supplemental report is gree and accordate and that my signature shall have the same legal effect as it 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							
SIGNATURE: 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	12. I hereby of indicated of the corchanged,	certify 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 exe, and accurate and that my signal ed to execute this report as requi- all other like empoyabled.	mption slated in Sector's shall have the street by Chapter 607.	ame legal ettec Florida Statute	at as it made under oath; that I am an officer or director is, and that my name appears in Block 10 or Block 11:	r if	
	SIGNAT		TO HAME OF SIGNING OFFICER OR DIRECT	PAR		15/23/05 901-259-3	150	