## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

# **FILED** Apr 18, 2005 08:00 AM Secretary of State

	MOVE KELONI		
DOCUMENT # P98			
	OUGH AND FREEMAN, P.A.		
Principal Place of Business	Mailing Address		
105 E ROBINSON ST 4TH FLOOR	P.O. BOX 531086 ORLANDO, FL 32853-108	6 US	
ORLANDO, FL 32801		<u> </u>	

# 

CR2E034 (10/03)

Fee Required

#### DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3548160 Not Applicable \$8.75 Additional

6. Name and Address of Current Registered Agent

BUSSEY, JOHN W III 105 E ROBINSON STREET

# DO NOT WRITE

No Chg-P

5. Certificate of Status Desired

04132005

ORLANDO, FL 32801		IN THIS SPACE					
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	Signature, typed or printed name of registered agent and title i	applicable. (NOTE: Registered Age	nt signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	, <sub>□</sub>	\$5.00 May 8e Added to Fees			
10.	OFFICERS AND DIREC	TORS			<u>'</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSSEY, JOHN W III 105 E ROBINSON ST ORLANDO, FL 32801						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONOUGH, SEAN M 105 E ROBINSON ST 4TH FL ORLANDO, FL 32801				U00000312326 04/18/05-80080-016 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FREEMAN, NICHOLAS D 105 E ROBINSON ST 4TH FL ORLANDO, FL 32801			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, ROBERT 105 E ROBINSON STREET ORLANDO, FL 32801			IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-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.

| GNATURE: | 04/13/05 | 407-423-7287 Chesilent

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-423-7287