## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nan	MENT # P990000132	14			Secretary of State
Principal Place 1600 N ORA ORLANDO, F	INGE AVE	Mailing Address 1600 N ORANGE AVE ORLANDO, FL 32804		]	
DO NOT WRITE IN THIS SPAC				01052005 4. FE! Numb 59-355	
MCGEE, THOMAS J 1600 N ORANGE AVE ORLANDO, FL 32804			DO NOT WRITE 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 if applicable (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE  D MCGEE, THOMAS J 1600 N ORANGE AVE ORLANDO, FL 32804	CTORS			U00000173422 01/07/05-80017-017 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		:			NOT WRITE
NAME STREET ADDRESS CITY+ST-ZIP				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). Flortda 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 distate empowered te 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.					