2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2005 08:00 AM Secretary of State

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DOCUMENT # P99000013721				Secretary of State		
1. Entity Nar	•	- !		1	~~~	3 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =
	DUSTRIES, INC.			Į		
DAIL	705 MLO, 1140.		PROPERTY OF	}		
57			1		-	
1	• -	Aailing Address				=
		2825 Business Center Blvi	D., SUITE A-4			
MELBOURN	E, FL 32940	MELBOURNE, FL 32940		}		
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			03282005	No Chg-P	CR2E034 (10/03)	
	OO NOT WRITE I	N THIS SPA	CE	A CEL Mumbas		Applied For
				4. FEI Number 59-3558:	357	Not Applicable
		•		35-3330	301	
1				5. Certificate of	Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current Regi	Stored Acent	1		and the second second	r co required
	or Name and Address of Chirefit Hear	stated Wells				10 5 10 5 10 5 10 5 10 5 10 5 10 5 10 5
REITER	RART A			no •	IAT 147	
REITER, BART A 2825 BUSINESS CENTER BLVD., SUITE A-4				DO I	IW TOP	化工
MELBOU	RNE, FL 32940				1110 00	
				IN I	HIS SP	ACE
6. The above	a named entity submits this statement for the	purpose of changing its register	ed office or register	ed agent, or both,	in the State of Florid	da. I am familiar with, and accept
the obliga	tions of registered agent.	•				•
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. INOTE Begistere	d Agent signature required	when reinstaling)		DATE
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W	E NOW!!! FEE IS \$150.00	9. Election Campaign Finar	ncina \$5.	.00 May Be		
After M	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	☐ Ādd	ed to Fees		
		<u> </u>				
10.	ÖFFICERS AND DIRE	CTORS				
TITLE	DP	•		•		
NAME	REITER, BART A	-				
STREET ADDRESS	1667 EISENHOWER AVE					
CITY-ST-ZIP	MELBOURNE, FL 32935	- 1-1	ł			
TITLE		·	·		U000002	
NAME			(04/01/05~{	30002-016 1 50. UU
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STREET ADDRESS						
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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 turther 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SGRATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OF A ST

MAR 2 8 2005 321-223-8653

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Daytime Phone #