

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000014195

Entity Name: CESTRIAN, INC.

FILED
Jul 05, 2005
Secretary of State

Current Principal Place of Business:

400 US HWY 41 BYPASS S
VENICE, FL 34292

New Principal Place of Business:

448 VENICE AVE E.
VENICE, FL 34285

Current Mailing Address:

400 US HWY 41 BYPASS S
VENICE, FL 34292

New Mailing Address:

448 VENICE AVE E.
VENICE, FL 34285

FEI Number: 65-0916983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEACOCK, MICHAEL J
400 US HWY 41 BYPASS S
VENICE, FL 34292 US

Name and Address of New Registered Agent:

MEACOCK, MICHAEL J
448 VENICE AVE E.
VENICE, FL 34285 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

07/05/2005

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEACOCK, MICHAEL J
Address: 400 US HWY 41 BYPASS S
City-St-Zip: VENICE, FL 34292

Title: V () Delete
Name: MEACOCK, LISA
Address: 400 US HWY 41 BYPASS S
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEACOCK, MICHAEL J
Address: 448 VENICE AVE E.
City-St-Zip: VENICE, FL 34285

Title: V (X) Change () Addition
Name: MEACOCK, LISA
Address: 448 VENICE AVE E.
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MEACOCK

P

07/05/2005

Electronic Signature of Signing Officer or Director

Date