2005 FOR PROFIT CORPORATION ANNUAL REPORT

AGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: #

FILED Jun 03, 2005 08:00 AM Secretary of State

	ANNUAL	REPORT		_	Jun 03, 2003	
DOCUMENT # P99000031817 1. Entity Name 2975 DEVELOPMENT CORPORATION					Secretary	y of State
Principal Plac 73 S. PALM SUITE 223 SARASOTA, I	:	Mailing Address 73 S. PALM AVE SUITE 223 SARASOTA, FL 34236				
				05312005 No Chg-P CR2E034 (10/03)		
	OO NOT WRITE	Award Walion	4. FEI Numb 59-101	3390	Applied For Not Applicable	
		Section 1 and 1 an	The second secon	5. Certificate		8.75 Additional se Required
	6. Name and Address of Current Re	gistered Agent			a — कुंक्यों के में हैं कि monotopic state and a state किया है जो कि के किया है है — 🚈	
73 S. PAL SUITE 22:			DO NOT WRITE IN THIS SPACE			
	a named entity submits this statement for the tions of registered agent.	e purpose of changing its registe	ered office or register	red agent, or bo	oth, in the State of Florida. I am fai	miliar with, and accept
SIGNATURE,	Signature, typod or printed name of registered agent and	title if applicable. (NOTE Registe	red Agent signature requires	d when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ded to Fees	In accordance with s. 607.1 corporation did not receive	93(2)(b), F.S., the the prior notice.
10.	OFFICERS AND DI	RECTORS				A CHARLES THE REAL PROPERTY AND
NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROGERS, ANGUS C 73 S PALM AVE., SUITE 223 SARASOTA, FL 34236					<u>*u</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	0368945 -80004-021 190
TITLE 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 of indicated of the corchanged	certify that the information supplied with the on this report or supplemental report is trupperation or the receiver or trustee empower, or on an attachment with an address, with	is filing does not qualify for the ex se and accurate and that my sign ared to execute this report as requ rall diher like empowered.	temption stated in Se ature shall have the uired by Chapter 607	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes. I further certify ct as if made under cath; that I am es; and that my name appears in E	y that the Information an officer or director Block 10 or Block 11 if