### **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

# **FILED** Feb 03, 2005 8:00 am Secretary of State

352-7967698 Daytime Phone #

DOCU 1. Emity Nan MARK KA	ne	# P9900006	0269	ð					02-03-2005	90046 03	1 ***150	.00
Principal Place of Business 23409 DOGWOOD EST. DR. BROOKSVILLE, FL 34601 US			23	Mailing Address 23409 DOGWOOD EST. DR. BROOKSVILLE, FL 34601 US						50	01012	20
2. Principal Place of Business			3. N	3. Mailing Address								
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				01212005	6 Chg-P	CR2E	034 (10/03)	ļ
City & State			C	City & State				4. FEI Num 59-35	ber 83759		<u> </u>	pplied For lot Applicable
Zip 		Country	Z	ip	Coun	try		5. Certifica	te of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Curren	t Regist	ered Agent				7. Name ar	nd Address of New	Registered	Agent	- ', -
KALY, MA 23409 DO BROOKS\	GWOOD !	ESTATES DR. 34601				Street A	ddress (I	P.O. Box Num	ber is Not Acceptab	pie)	Zip Coo	de
	tions of regist	y submits this statement fered agent.  or printed name of registered agen						ed agent, or b	ooth, in the State of F		<u>-                                      </u>	
		FEE IS \$150.00 5 Fee will be \$550	.00	9. Election Campai Trust Fund Cont		cing		00 May Be				
10.		OFFICERS AND	DIREC	TORS	11.			ADDITION:	S/CHANGES TO OF	FICERS AN	DIRECTOR	IS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RK T TERRACE SW FL 34116		☐ Delete			234	7, MI	ARK DOGWOOD LLE FE	EST.	DR.	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	RK I TERRACE SW FL 34116		Delete				7.1		•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	h-	<del>-</del>	^ -3	. □ · Delete							Change	Addition
TITLE NAME STREET ADDRESS CHY-SI-ZIP				Delete .							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Detete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP					☐ Change	Addition
of the cor	on this repor poration or th	information supplied wit t or supplemental report in e receiver or trustee emp schment with an address,	s true ar owered	to execute this report.	ny signati as requir	ure shall h	ave the s pter 607,	ame legal effe , Florida Statu	ect as if made under	oath: that I:	am an officer	or director

MARK KALY,

PRES.

SIGNATURE:



## BY THE NUMBERS, INC.

Kim Aton, Tax Accountant 5051 Castello Dr., Suite 39 Naples, FL 34103

TEL (239) 594-0571

FAX (239) 594-5294

NOTE - NEW TOLL FREE NUMBER \*\*\*TOLL-FREE (866) 622-1040\*\*\*

# IMPORTANT NOTICE

#### FLORIDA CORPORATE ANNUAL REPORT (2005 UNIFORM BUSINESS REPORT)

Dear_Client:		· · · · · · · · · · · · · · · · · · ·	
Enclosed is the Florida A phone number where ind	• •	. Please sign, print nam	e, date and enter
Enclose a check for \$ 15	0.00 payable to "Depart	ment of State". In mer	no area of check
write "P99000 envelope.	060269	" and mail in the	attached
Note: This form must	be mailed by April 30th	, or the filing fee goes	up to \$ 550; —

and/or the corporation will automatically dissolved by the state.

If you have any questions, please do not hesitate to call.

Sincerely,

Kim Aton, Tax Accountant By The Numbers, Inc.