## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 08:00 AN Secretary of State

ANNUAL REPURI					· Cannatarry of	
DOCUMENT # P99000098161  1. Entity Name KELLY R. ELMORE, RLA, P.A.					Secretary of	
PO BOX 330	e of Business 1351 EACH, FL 32233	Mailing Address PO BOX 330351 ATLANTIC BEACH, FL 32233		#	JE JANIJE TONIK BERNI BURKA BURKA BURKE KRIMI KRIBI NUBIK BIKOL NUKEBA NI BURK	
C	OO NOT WRITE		CE	O4032005 No Chg-P CR2E034 (10/03)      4. FEI Number		
ELMORE, 1650-1 BE ATLANTIC		egistered Agent	DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement (or 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 contect name of registered agent and time if approache (NOTE Registered Agent signature required when renstating)  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 led to Fees		
TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD ELMORE, KELLY R PO BOX 330351 N/A ATLANTIC BEACH, FL 32233	IRECTORS			UOU090301823 Ĵ4/(3/US-80046-019 150.00	
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12. Thereby certify that the information supplied with this filling does not qualify 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 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 attachine with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR DRINTED HAME OF CICHING OFFICED OR PURFOTOR

4.09.05 904 246 6219