2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

1. Entity Nam DOE.E, IN Principal Plac 1200 POGY	NC. e of Business M. PLACE 1	3 Ming Address 200 POGY PLACE ERNANDINA BEACH, FL 3203	4-3180	Secretary of State
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DO NOT WRITE IN THIS SPACE				02022005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable
				5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				
THOMPSON, THOMAS G 1200 POGY PLACE — FERNANDINA BEACH, FL 32034-3180 DO NOT WRITE IN THIS SPACE				
8. The above named of tity submits this statement for 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 printed name of registered agent and title glappicable (NOTE, Registered Agent agent and when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Add			.00 May Be ded to Fees U00000250587	
TITLE	P	TORS	. 	03/12/05-80034-020 150.00
NAME STREET ADDRESS	THOMPSON, THOMAS G 5318 GALLEY WAY, #102			· ·
CITY-ST-ZIP	FORT PIERCE, FL 34949		en e	
TITLE NAME				
STREET ADDRESS CITY-ST-ZIP				
title Name		. ,	e e e e e e e e e e e e e e e e e e e	Total - All
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TITLE			<u></u>	IN THIS SPACE
NAME STREET ADDRESS	~			IN THIS SPACE
CITY-ST-ZIP				
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STREET ADDRESS				
CITY-ST-ZIP		4778 1275 5 577 2.	<u> روز د کا دارد دارد دارد دارد دارد دارد دارد</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 further certify that the information indicated on this report or supplemental Aport is true and accurate any high may be same legal effect as if made under oath, that i am an officer or director of the corporation or the receiver or true-see amprovement 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 employeded.				

ICEN OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF