## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 13, 2005 08:00 AM Secretary of State

ANNUAL REPURI				jan 13, 2005 08:00 A	
DOCU  1. Entity Nam  MR. TAX					Secretary of State
	e of Business	Mailing Address		1	
1313 MISSO CLEARWATEI	URI AVE S R, FL 33756	1313 MISSOURI AVE S CLEARWATER, FL 33756			
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				01112005	No Chg-P CR2E034 (10/03)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb	per Applied For
				59-303	
				5. Certificate	e of Status Desired
6. Name and Address of Current Registered Agent					
DEL MONTE, PAUL 1313 MISSOURI AVE S CLEARWATER, FL 33756			DO NOT WRITE IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaurg)  DATE					
	agreement (place or printed realise or registered agent)	The same of the sa	a rigetti ağıtısını tedanca		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.			00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS			
NAME	DEL MONTE, PAUL		_		
STREET ADDRESS CITY - ST - ZIP	1313 MISSOURI AVE S CLEARWATER, FL 33756				U00000179543 01/13/05-80022-005 150.00
TITLE	<u> </u>	A CONTRACTOR OF THE CONTRACTOR	1		01/12/02-80055-002 120.00
NAME STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME STREET ADDRESS				-	
CITY-ST-ZIP				DO	NOT WRITE
TITLE			1	IN .	THIS SPACE
NAME STREET ADDRESS				***	
CITY-ST-ZIP			i		
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP					
TITLE	, , , , , , , , , , , , , , , , , , ,		1		
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 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 emplowered to receive the composition of the receiver or trustee emplowered to 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 principles gripowered.					
	UPE: A.S.A.	1 (1/1)			1/11/05