


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S20906</b> 1. Entity Name C. KEVIN GILLIAM, C.P.A., P.A.	
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Principal Place of Business 301 N. FERNCREEK AVENUE SUITE A ORLANDO, FL 32803	Mailing Address 301 N FERNCREEK AVE STE. A ORLANDO, FL 32803 US
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**DO NOT WRITE IN THIS SPACE**

03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3039005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLIAM, C. KEVIN  
301 N. FERNCREEK AVE, SUITE A  
ORLANDO, FL 32803

**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 C. Kevin Gilliam (NOTE: Registered Agent signature required when reinstating) DATE 4-9-05

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U000000305970 04/14/05-80106-017 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GILLIAM, C. KEVIN 421 N. FERNCREEK AVE ORLANDO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 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 attachment with an address, with all other like empowered.

SIGNATURE: C. Kevin Gilliam SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4-9-05 DAYTIME PHONE # 407-874-4484