## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2005 08:00 AM Secretary of State

1. Entity Nar	IMENT # S49783  EVELOPERS, INC.			Secretary of State
Principal Plat 790 S W 91 OCALA, FL	ST PLACE	Mailing Address 106 NE 14TH AVENUE OCALA, FL 34470		f (Balipie III prese (Brit) habet felle diri atel) aları dibir adalı presi bigisadi eleyadı
DO NOT WRITE IN THIS SPACE  5. Name and Address of Current Registered Agent				01102005 No Chg-P CR2E034 (10/03)  4. FEI Number
790 S W 9 OCALA, F			:	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 fille if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees				
TO.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE	OFFICERS AND DIRE  D WOODS, RICHARD E 790 S W 91ST PLACE OCALA, FL 34479 D	CTORS		02/01/05-80052-020 150.00
NAME STREET ADDRESS CITY-ST-ZIP	FLOYD, MARIAN A 1475 DODD ROAD WINTER PARK, FL 32789	,	·	<u></u>
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		<u></u>		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:  SIGNATURE:  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				