## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Jan 19, 2005 08:00 AM

	AITIOAL	ILLI VIXI		-		, =000	
1. Entity Nam	MENT # S51541				Sec	cretary	of State
Principal Place of Business 847 US 27 SOUTH LAKE PLACID, FL 33852 US		Mailing Address 847 US 27 SOUTH LAKE PLACID, FL 33852 US					
DO NOT WRITE IN THIS SPA			CF	01132005	No Chg-P	CR2E034 (10	/03)
	O NOT WINE			4. FEI Numb 59-306 5. Certificat		\$8.75 Fee Re	Applied For Not Applicable Additional quired
	6. Name and Address of Current Re	egistered Agent					
RUSSELL, MELISSA P. 847 US 27 SOUTH LAKE PLACID, FL 33852					NOT W THIS SF		
	e named entity submits this statement for t tions of registered agent				oth, in the State of Flo		with, and accept
	Signature typed or printed name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Final		.00 May Be ed to Fees		DATE	
10.	OFFICERS AND D	RECTORS	1		L		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV RUSSELL, MELISSA P. 847 US 27 SOUTH LAKE PLACID, FL					1185439 -80015-021	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUSSELL, MELISSA P. 847 US 27 SOUTH LAKE PLACID, FL						
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE	
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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP