2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2005 08:00 AM Secretary of State

| PRICE of Business AMERIAND, FL 33901 US P D BX 2765 LAKELAND, FL 33901 US AMERIAND DO NOT WRITE IN THIS SPACE F. Fill trusture 5. None good Address of Current Registered Agent MARTIN. E. SNOW JR MARTIN. E. SNOW JR MARTIN. E. SNOW JR AMERIAND, FL 33802 DO NOT WRITE IN THIS SPACE 8. The above named only advanta this catement for the purcess of changing the registered diline or registered agent, or both, in the State of Fonds. I am hamilar with, and accept the obligations of registered agent. 8. SNOW JR MARTIN. E. SNOW JR MARTIN. E. SNOW JR AMERICAN SERVICE 8. Cardicated or registered agent. 9. Cardicated or registered agent. 9. Cardicated or registered agent. 9. Cardicated agen | 1. Entity Nar | MENT # V11724 MANUFACTURING, INC. | | | S | ecretary of State | |
|---|---|-------------------------------------|--|----------|---|--|--|
| DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3102312 Not Original For 59-3102312 Not Applied For For 39-3102312 Not Part of Status Desired Not 59-3102312 Not For Status Desired Not 59-3102312 Not | 2833 US HV | NY 92 EAST | P 0 B0X 2766 | | ו ושכו חופסו וופוו זאחוו וצחווה לחוא וחופס | ATOR PROTE NEVEL BUSH BUSH BUSH BUSHUSON & UNDI | |
| DO NOT WRITE LAKELAND, FL 33802 8. The above named only submits this statement for the purpose of changing his registered office or registered agent, or both, in the State of Florida. I am farmfar with, and accept the collegations of registered agent. SIGNATURE Speaker, losed a prime river of indexes of purification and part of the state of Florida. I am farmfar with, and accept the collegations of registered agent. SIGNATURE Speaker, losed a prime river of indexes of purification and part of the state of Florida. I am farmfar with, and accept the collegations of registered agent, or both, in the State of Florida. I am farmfar with, and accept the collegations of registered agent, or both, in the State of Florida. I am farmfar with, and accept the collegations of registered agent, or both, in the State of Florida. I am farmfar with, and accept the collegations of registered agent, or both, in the State of Florida. I am farmfar with, and accept the collegations of registered agent, or both, in the State of Florida. I am farmfar with, and accept the collegations of registered agent, or both, in the State of Florida. I am farmfar with, and accept the collegations of registered agent, or both, in the State of Florida. I am farmfar with, and accept the collegation of registered agent, or both. In the State of Florida State of F | | | | | 04062005 No Chg-P 4. FEI Number 59-3102312 | CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional | |
| the obligations of registered agent. SIGNATURE FILE NOW!!I FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 DALTON, O. D. III DALTON, O. D. III RINE! NAME SINE! ADDRESS CITY-51-2P TITLE NAME SIRE! A | MARTIN, E. SNOW JR 200 LAKE MORTON DR | | | | | | |
| FILE NOW/II FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS | 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. | | | | | | |
| After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OPTICERS AND DIRECTORS U000000295250 Trust Fund Contribution. Added to Fees U000000295250 U04/09/05-80026-021 150.00 DALTON, O. D III 403 MIRAMAR DR. CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P CITY-51-2P CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P CITY-51-2P CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P C | | | | | | | |
| TITLE DALTON, C. D III VA3 MIRAMAR DR. LAKELAND, FL TILL MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE | TILL HOWEN FEE TO \$ 130,00 | | | | | | |
| NAME STREET ADDRESS CITY_ST-ZIP TITLE IN THIS SPACE | | | RECTORS | | | JU29526U 5-80020-021 150 nn | |
| NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY- | NAME STREET ADDRESS | DALTON, Ö. D III 403 MIRAMAR DR. | · | | - 11 J.J. O. | 3 00020 021 133200 | |
| NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE IN THIS SPACE INTHE SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TO BE ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of director of the receiver or togrees empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if | name Street adoress | | | *=-~- | | | |
| NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME 1. 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 traffee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if | NAME STREET ADDRESS | | | | DO NOT W | /RITE | |
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| SIGNATURE: SIGNATURE: SIGNATURE AND TYPIN OR PRINTED MANUE OF SIGNATURE OF DIRECTOR SIGNATURE OF | | | | | | | |