2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2005 8:00 am Secretary of State 03-02-2005 90095 049 ***150.00

1. Entity Name	e	# V27533 CTION, INC.				3-02-2003 300	000	150.00			
Principal Place of Business 25 E. 17TH ST. ST. CLOUD, FL 34769			Mailing Address 25 E. 17TH ST. ST. CLOUD, FL 3	•			50022102				
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc.			02172005 Chg-P CR2E034 (10/03)				
City & State			City & State				4. FEI Number Applied For 59-3130802 Not Applicable				
Zip	Country		Zip			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
GROSS, C 25 E. 17TH ST. CLOU	⊰ST.	769		Street		ass (P.O. Box Number is Not Acceptable)					
01.0200		iş.			City			FL	Zip Code		
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.										ınd accept	
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE											
FIL After M	E NOWIII ay 1, 200	FEE IS \$150.00 5 Fee will be \$55	1	Campaign Finar nd Contribution.		\$5.00 May Be Added to Fees				İ	
10.	10	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI				
NAME STREET ADDRESS CITY-ST-ZIP	1455 S C	ÇÎN., JR. HÍCKASAW TRL. O, FL 32825	, Dele	NAM Stre	- 1		·		Change	☐ Addition	
FITLE NAME STREET ADDRESS CITY-ST-ZIP	1	C. N., III : JANZEN DR. EE, FL 34744	Oele	NAM STRE	EET ADORESS 4	Gross, C. 1275 Hick	N., III cory Tree l, FL 347	Rđ	Change X	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	C.N. III JANZEN DR. EE, FL. 34744	. Dele	NAM STRE	EET ADDRESS 4		N., III- cory Tree l, FL 347	Rd	Change	Addition Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Dele	NAM STRE) Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Dete	NAM Stri	1) Change	Addition	
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: NICK Gross Z/23/05 407-957-4444 SIGNATURE: Date Despire Printed Name of Signific Officer or Director Date Despire Pront I											