## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2005 8:00 am Secretary of State

1. Entity Nan	MENT # V28 DOAST PALLET, IN						03-24-2005	90038 041	***150	).OO
1819 RADIO	Principal Place of Business  1819 RADIO AVE BAYVIEW ROAD P. 0. BOX 1647 N/A YULEE, FL 32097 US  32091  YULEE, FL 32097  YULEE, FL 32097				5		े कुलों हैं क्रिकेट के व			
2. Principal F	Place of Business	.1 Pd	3. Mailing	Address	1647					
Suite, Apt.			Suite Ap	pt. #, etc.	70 1	0220200	5 Chg-P	CR2E034	4 (10/03)	
City & Sta		rida	City & Si	<del></del>		4. FEI Nui	nber 118805		_ <del></del>	plied For
326	Country Country	<u>гю</u> г	Zip 32/	No Lieber I	Country		ate of Status Desired	<b>\$</b>	8.75 Add	t Applica litional
2000	6. Name and Addres	ss of Current F	<del></del>	gent		7. Name s	nd Address of New			
1719 BLA	RFER, E. CHARLÉS NDING BLVD. IVILLE, FL 32210	}			Street Ac	ddress (P.O. Box Nu	mber is Not Acceptal	ble)		
	÷.				City			FL	Zip Code	Ð
		· · · · · · · · · · · · · · · · · · ·			enistered office or	registered agent, or	both, in the State of I		miliar with.	and acce
			Trus	mp		re required when reinstaang	3-23	7-05 DATE	·	
signature	Signature, hyped or printed name  LE NOW!!! FEE IS Say 1, 2005 Fee will	ol registered agent ar	9. E	mp	Registered Agent signature on Financing outlion.	\$5.00 May Be Added to Fees	3-22	DATE	DIRECTORS	
signature  Fil. After M	Signature, hyped or printed name  E NOW!!! FEE IS \$ ay 1, 2005 Fee will  CRUMP, JAMES ED	ol registered agent ar \$150.00 II be \$550.0 PRICERS AND D	9. E DIRECTORS	ke (NOTE:	Registered Agent signatur	\$5.00 May Be Added to Fees	3-23	DATE	DIRECTORS Change	
SIGNATURE  SIGNATURE  FIL After M  10. TIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature. Proed or priped name  Signature. Proed or priped name  E NOW!!! FEE IS Say 1, 2005 Fee will  OF  CRUMP, JAMES ED  4619 RADIO AVE  YULEE, FL  D	ol registered agent ar \$150.00 II be \$550.0	9. E DIRECTORS	ke (NOTE: Election Campaig Trust Fund Contri	Registered Agent signature in Financing bution.  11.  Title NAME STREET ADDRESS CITY-SI-ZIP TITLE	\$5.00 May Be Added to Fees	3-22	FFICERS AND E	_	S IN 11
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12. Thereby certify that the information supplied with this fixing 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: OLIVE OR PRINTED NAME OF SIGNING OFFICER OR DRIFTED AND TOPIC PROPER TO DATE OF THE PROPERTY OF THE