## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2005 08:00 AM Secretary of State

	MITITOME	IXEL OIX I		100 11, 2005 00:00 7
1. Entity Nar	MENT # V60296 RRIER CORPORATION			Secretary of State
Principal Plac	ce of Business	Mailing Address	<del></del>	: •
1740 22 A		1740 22 AVE N		
	H, FL 33460	LAKE WORTH, FL 33460		
TAVE MOUII	n, re 33400	EARL WORTH, FC 33400		
			-	I DENIA RADIA NIA KATAR ARADE ARAD MAN RADIA RADIA RASIA DADIA WARA MARIA MARIAKAN DI ERRA
· · · · · · · · · · · · · · · · · · ·		The same with the same of the same	man and the super community of the state of	
		• • • • • • • • • • • • • • • • • • • •	*** (	), .     f remit within with maste linte faith winti mint binti binti d'ast mint Wintinut st fa al
	• •			N. Cl. B. Branch
DO NOT WRITE IN THIS SPACE				02042005 No Chg-P CR2E034 (10/03)
L	O NOI WHILE	IN THIS SPA	CE	4. FEI Number Applied For
				85-0404775   Not Applicable
				_ \$0.75 Additional
			7	5. Certificate of Status Desired  Fee Required
	6. Name and Address of Current R	egistered Agent	Y	
			7-77-5-27	
GAYNE, J	OANNE			DO NOT MOITE
1740 22 /			<del></del>	DO NOT WRITE
	RTH, FL 33460			INI THIO ODAOC
	*	•	-777.00	IN THIS SPACE
			1	
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.				
l l				
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable (NOTE Registers	berfuger entangle tregal be	when reinstaling) DATE
		To and the principle of the state of the sta	o rigari signata a recuseo	mannessaum) DATE
	E NOW!!! FEE IS \$150.00	9. Election Campaign Finar Trust Fund Contribution.	~ _ ~	OO May Be
After M	ay 1, 2005 Fee will be \$550 <b>.0</b> 0	irusi runa Contribution.	⊔ A006	ed to Fees
10.	OFFICERS AND D	MECTORS	1	
TITLE	PD			And the second second
NAME	GAYNE, RICHARD P.			Hannamann
STREET ADDRESS	1740 22ND AVEN, N.			
CITY-ST-ZIP	LAKE WORTH, FL			U00000225544 02/11/05-80041-019 150.00
	VPD	<del> </del>	***************************************	
TITLE				
NAME	GAYNE, JOANNE			
STREET ADDRESS	740 22ND AVE N			
City-ST-ZiP	LAKE WORTH, FL			
TITLE	ST			the state of the s
NAME	GAYNE, JOANNE			
STREET ADDRESS	1740 22 AVE N		1	MA SIATE IMPORT
CITY-ST-ZIP	LAKE WORTH, FL			DO NOT WRITE
TITLE				
NAME				IN THIS SPACE
			· ·	
STREET ADDRESS   CITY-ST-ZIP				
			The state of the s	
TITLE		<del>-</del>		
NAME			1	
STREET ADDRESS			1	
CITY - ST - ZIP	<u></u>		I	
TITLE				The state of the s
NAME			l	
STREET ADDRESS				
CITY-ST-ZIP			l	
	auth the she take a state was the second	*- Pri	<u> </u>	
indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an effect or disease.				
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 attachnesh with an address, with all other like empowered.				
changed, or on an apparent with an apparess, with all other like empowered.				
SIGNATURE: 3/9/05 561-586-4564				
JIMNAI	SIGNATURE AND TYPEO OR PRI	TED NAME OF SIGNING OFFICER OR DIRECT	ÓR	3/9/05 561-586-4564 Date Dayline Phone #
		The state of the s		Date Daytime Phone #