2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # V70020	*** · · · · · · · · · · · · · · · ·		Secretary of State
Principal Plac P.O. BOX 92 RUSKIN, FL		Mailing Address P.O. BOX 922 RUSKIN, FL 33575 US	·	
DO NOT WRITE IN THIS SPACE				04192005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent HUBER, SHIRLEY 105 4TH STREET N.W. RUSKIN, FL 33570				DO NOT WRITE IN THIS SPACE
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. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE. Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financifig Trust Fund Contribution.				00 May Be ed to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI PST HUBER, SHIRLEY 105 4 STREET N.W. RUSKIN, FL 33570	RECTORS		00000035706C 05/04/05-80059-003 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE	HUBER, TERRENCE M. 105 4 STREET N.W. RUSKIN, FL 33570			-
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY+ST-ZIP TITLE	~			IN THIS SPACE
NAME Street address City-St-Zip		·		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	· · · · · · · · · · · · · · · · · · ·	estanik ki⊷kari, 19 19 kige		· ···
12. Thereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3XI). 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 attackment with an address, with all other like empowered.				