2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 08:00 AM Secretary of State

		HOVE II			_	- Ca	a-ia4a	of Ctata
1. Entity Nam	MENT # P94 N a smith & as			se	cretary	of State		
1240 FOURT SUITE A	e of Business TH STREET	1	ailing Address 240 FOURTH STREET SUITE A ARASOTA, FL 34236				11 11 11 11 11 11 11 11 11 11 11 11	HODIO HODIUH IL IDDI
D			N THIS SPA	CE	03292005 4. FEI Numb 65-054	No Chg-P	CR2E034 (1	(MW)= (=)) = B()) (==)
	6. Name and Addre	ss of Current Regis	stered Agent	=				t will law a
1240 FOU SUITE A SARASOT	TEPHEN A_ RTH STREET TA, FL 34236		IN	NOT W	PACE			
			ourpose of changing its registe	ered office or register	red agent, or bo	th, în the State of Flo	orida. I am familia	r with, and accept
the obligat	ions of registered agent	•	,	•				
SIGNATURE Signature typed or printed name of registerod agent and title if applicable TNOTE Registered Agent signature required when refusitifing) DATE								
	Signature Typod or primad from	or ogote od ogot and no	(Note region	· · · · · · · · · · · · · · · · · · ·	, the total tig	1		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. 9. Election Campaign Finan Trust Fund Contribution					0.00 May Be U00000305069 100000305069 04/14/05-80066-025 150.00			
TITLE	P	FRICERS AND DIRE	GTORS		· · · · · · · · · · · · · · · · · · ·	· ***		
NAME STREET ADDRESS CITY-ST-ZIP	SMITH, STEPHEN 1240 FOURTH STE SARASOTA, FL 34	REET SUITE A		1				
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NAME STREET ADDRESS CITY-ST-ZIP			•		DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		IN THIS SPACE				
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TITLE NAME STREET ADDRESS			***		• •			

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 employered to execute this report as required by Chapter 507. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an artist 100 per like employered.

10/05

(941)366-7959

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR