· 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of Stat			
1. Entity Nam	MENT # P00000469				86	ecretai	ry oi Stat	
5021 S. HW	pe of Business Y 17-92 RY, FL 32707	Māiling Address 5021 S. HWY 17-92 CASSELBERRY, FL 32707		7 	יצם וווצל וווצל אועם אוועם	III. DOUG BLOOD BAGG	DAREL SEDII LEDINERI IL SVET	
E	OO NOT WRITE		CE	04212005 4. FEI Numb 59-364	5725 of Status Desired	CR2E034	,	
6. Name and Address of Current Registered Agent MATHERS, MARILYN 5021 S. HWY 17-92 CASSELBERRY, FL 32707			DO NOT WRITE IN THIS SPACE					
	e named entity submits this statement for titions of registered agent. Signature, typed or printed name of registered agent and	to the same of	ed office or register	* **	th, in the State of Flo	orida. I am farr	illiar with, and accept	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	S. Election Campaign Final Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATHERS, MARILYN 5021 HWY 17-92 CASSELBERRY, FL 32707	: 77	1_ 		U00000 04/30/05-	1345594 -80043-0	04 150 . 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SF		. ••	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 abacterists with an adaptives with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

407-767-5900

Daytime Phone #