


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # F02000004864<br>1. Entity Name<br>16120/16154 SAN CARLOS BLVD., INC. |  |
|---|---|

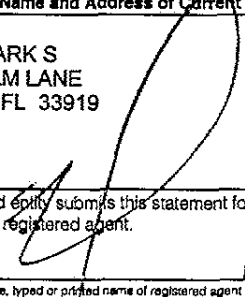
|   |   |
|---|---|
| Principal Place of Business<br>1700 HARMON RD., STE 2<br>AUBURN HILLS, MI 48326 | Mailing Address<br>1700 HARMON RD., STE 2<br>AUBURN HILLS, MI 48326 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-P CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>38-3084017                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |                                   |
|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>TURNBULL, MARK S<br>10124 BERTRAM LANE<br>FORT MYERS, FL 33919 | <b>DO NOT WRITE IN THIS SPACE</b> |
|                                     |                                   |

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: MARK TURNBULL DATE: 3-9-04

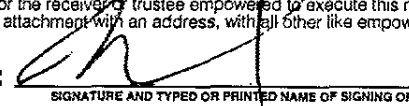
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000108123<br>04/09/04-80042-014 150.00 |
|---|--|---|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>TURNBULL, MARK S<br>10124 BERTRAM LANE<br>FORT MYERS, FL 33919       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>RUDLAFF, F. RICHARD<br>6941 DEEP LAGOON LANE<br>FORT MYERS, FL 33919 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4-3-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #