

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004864

FILED
May 12, 2004
Secretary of State

Entity Name: 16120/16154 SAN CARLOS BLVD., INC.

Current Principal Place of Business:

1700 HARMON RD., STE 2
AUBURN HILLS, MI 48326

New Principal Place of Business:

Current Mailing Address:

1700 HARMON RD., STE 2
AUBURN HILLS, MI 48326

New Mailing Address:

10124 BERTRAM LANE
FT MYERS, FL 33919

FEI Number: 38-3084017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNBULL, MARK S
10124 BERTRAM LANE
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNBULL, MARK S
Address: 10124 BERTRAM LANE
City-St-Zip: FORT MYERS, FL 33919

Title: S () Delete
Name: RUDLAFF, F. RICHARD
Address: 6941 DEEP LAGOON LANE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S TURNBULL

PRES

05/12/2004

Electronic Signature of Signing Officer or Director

_____ Date