## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000005353

## **FILED** Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90264 021 \*\*\*150.00

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City & State    City & State			-In Gre	·le							
The above named and press of Current Registered Agent   13-2803986   No. Applicable   32.7 Additional   52.8 Additiona	Suite, Apt.	#, etc.	Suite, Apt. #/etc.			03312004	Chg-P	CR2E	034 (10/03)		
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  NATHAN, ROBERT 3 WHIPPERIN CIRCLE ORMOND BEACH, FL 32174  City FL Zip Code  8. The above narped army, obmythis siglement for the purpose of changing its inflatened diffice or registered agent, or both, in the State of Florida. I am learnism with, and accept the originative siglement for the purpose of changing its inflatened diffice or registered agent, or both, in the State of Florida. I am learnism with, and accept the originative siglement for the purpose of changing its inflatened diffice or registered agent, or both, in the State of Florida. I am learnism with, and accept the originative siglement for the purpose of changing its inflatened diffice or registered agent, or both, in the State of Florida. I am learnism with, and accept the originative signers and the originative signers and accept signers					1	1					
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8. The above named entity obmits/this statement for the purpose of changing its profestered office or registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ficrida. I am familiar with, and accept the specific with the part of Ficrida. I am familiar with, and accept the specific with the familiar with, and accept the specific with the familiar with addition accept the specific with the familiar with addition		_		City			<u> </u>		Zip Code	e	
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Trust Fund Contribution.   Added to Fees	SIGNATURE.	Signature typed or prinjed name of registered agent an	d title if applicable. (NOTE	Registered Agent signatur	re required	when reinstating)	_//	DATE	27_	<del></del>	
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.		Kobert M. MA	THAY					· · · · · · · · · · · · · · · · · · ·			
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12. I hereby certify that the information supplied with this filling 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 of 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											
	12. I hereby of indicated of the cor	certify that the information supplied with to on this report or suppliemental report is to poration or the receiver of trustee empoy	his filing does not quality for rue and accurate and that ro vered to execute this report a	the exemption state by signature shall have as required by Chai	ed in Se ave the s pter 607	ction 119.07(3)(i same legal effec , Florida Statute	), Florida Statute t as if made unde s; and that my na	s. I further ce er oath; that I me appears	ertify that the ir am an officer in Block 10 or	nformation or director Block 11 if	