2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2004 8:00 am Secretary of State

Maling Address Maling	DOCUI 1. Entity Nam NORGEN	MENT # G50074		, <u>:</u>		a	03-16-20	004 90018 009	***150.00
C/O MARES W. BORNSOM SOUTH T'S TREET PERSODUA, FL 32501 J. Midding Address J. Middin	29653		Mailing Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7 	440	18017	
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City State Country Zip	2. Principal P	ace of Business	3. Mailing Address						
Secretary Secr	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01132004	Chg-P	CR2E034 (10/	03)
Secretificate of Status Desired \$8.75 Additional \$8.75 Additiona	City & State City & State						-		Applied For Not Applicable
CHINSON, JAMES W. DOLUNT 'E' STREET PENSACOLA, FL 32501 City FL Zip Code The above nemed 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 accompte obligations of registered agent. City FL Zip Code The above nemed 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 accompte obligations of registered agent. City FLE Rows in the State of Florida. I am familiar with, and accompte obligations of registered agent. City FLE Rows in the State of Florida. I am familiar with, and accompte obligations of registered agent. City FLE Rows in the State of Florida. I am familiar with, and accompte obligations of registered agent. City FLE Rows in the State of Florida. I am familiar with, and accompte obligations of registered agent. City FLE Zip Code City FLE Zip Code DOTE Addition frees Addition	Zip	Country	Zip	Coun	try				Additional
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curre	nt Registered Agent		Name	7. Name and	Address of New F		
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accerbe the obligations of registered agent. Problem to be provided or private name of indicated agent and family applicable. OCTE. Registered Agent agentum registered agent and family applicable. OCTE. Registered Agent agentum registered agent and family applicable. OCTE. Registered Agent agentum registered agent and family applicable. OCTE. Registered Agent agentum registered agent and family applicable. OCTE. Registered Agent agentum registered agent and family applicable. OCTE. Registered Agent agentum registered agent and family applicable. OCTE. Registered Agent agentum registered agent and family applicable. OCTE. Registered Agent agentum registered agent and family applicable. OCTE. Registered Agent agentum registered agent and family applicable. OCTE. Registered Agent agentum registered agent and family agent agent agent agent and family agent agent agent agent agent agent agent agent and family agent ag					City			FI Zip	Code
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After May 1, 2004 Fee will be \$550.00 ITUST FUND CONTINUED Added to Fees	SIGNATURE	Signature, typed or printed name of registered ago to \$1336.11 3.2 E NOWIII FEE IS \$150.00	ant and title if applicable. (NC	aign Finan	ncing \$	5.00 May Be		DATE	
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SIGNATURE: 3-11-04 850-434-110		\/	Y .1			n Section 119.07(3) the same legal effe 607, Florida Statut		1	the information officer or director 10 or Block 11 if