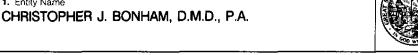
FILED

Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90161 004 ***150.00

	R PROFIT CORPOR <i>I</i> BUSINESS REPORT	
	····	
DOCUMENT #	K51206	
1. Entity Name		/ # A **



Principal Place of Business

LARGO FL 33770

C/O CHRISTOPHER J. BONHAM 2130 WEST BAY DRIVE

Mailing Address C/O CHRISTOPHER J. BONHAM 2130 WEST BAY DRIVE **LARGO FL 33770**

LARGO FL 33	770	LARGO FL 33770					
2. Principal P	ace of Business	3. Mailing Address	,	! (##10141 00H 01)401 11010 (1011) #411H 611H 417H 1	1811 WIRIT BIRIT RIRIT RIRIT 1481		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State	,	4. FEI Number 59-2921178	Applied For Not Applicable		
Zip :	Country	Zip	Country	5. Certificate of Status Desired	\$8:75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Agent		
<u> </u>			Name	Name			
BONHAM, CHRISTOPHER J.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
2130 WEST BAY DRIVE			Street Addre	Street Address (F.O. Box Number is Not Acceptable)			
LARGO FI							
D 11 100 1 1	. 01010						
			City	FL .	Zip Code		
	named entity submits this statement for ons of registered agent.	or the purpose of changing	its registered office or regi	istered agent, or both-in the State of Florida. I am	familiar with, and accept		
	- , -						
SIGNATURE .	Signature, typed or printed name of registered agent	and St. 2 K L. (A)	IOTE B - 14 1 Apost size at an	quired when reinstating) DATE			
	Signature, typed of printed name of registered agent	and title if applicable. (N	IOTE: Registered Agent signature red	quired wher tremstating)			
F	LE NOW!!! FEE IS \$150.00			9. Election Campaign Financing	_ \$5.00 May Be		
	May 1, 2003 Fee will be \$550.00			Trust Fund Contribution.	Added to Fees		
Make Check	Payable to Florida Department o	f State		·			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME	BONHAM, CHRISTOPHER J.		NAME				
STREET ADDRESS	12175 119TH ST. N		STREET ADDRESS				
CITY-ST-ZIP	LARGO FL 33778		CITY-ST-ZIP	<u></u>			
TITLE		☐ Delete	TITLE	,	☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	المناف المناسب المناف		city-st-zip =	and the second of the second o	منتهجد		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADORESS			STREET ADDRESS				
CITY-ST-ZIP	•		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME		□ Delete	NAME				
STREET ADDRESS			STREET ADDRESS		ì		
CITY-ST-ZIP	•		CITY-ST-ZIP				
TITLE		□ Doleto	TITLE		☐ Change ☐ Addition		
NAME		☐ Delete	NAME		☐ Cliquige ☐ Addit[0])		
STREET ADDRESS			STREET ADDRESS		Í		
CITY-ST-ZIP			CITY-ST-ZIP				
	····		·		Change C 4440		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS	•			
CITY-ST-ZIP			CITY-ST-ZIP	•	ĺ		
OTT TOTALE			, GITT-31-ZIF				

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 the like empowered.

SIGNATURE: