


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-16-2004 90021 038 ***150.00

DOCUMENT # L14099
 1. Entity Name
4396 INDEPENDENCE CT., INC.




| | |
|---|---|
| Principal Place of Business 200 SOUTH ORANGE AVE. 1550 RINGLING BLVD. SARASOTA, FL 34236 US | Mailing Address 200 S. ORANGE AVE 1550 RINGLING BLVD. SARASOTA, FL 34236 US |
|---|---|

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|---|---|
| 2. Principal Place of Business 200 S. Orange Avenue | 3. Mailing Address 200 S. Orange Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------------------|-------------------------------------|
| City & State Sarasota, FL | City & State Sarasota, FL |
| Zip 34236 | Country US |
| Zip 34236 | Country US |

44010100



01262004 Chg-P CR2E034 (10/03)

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|--|--|
| 4. FEI Number 65-0145112 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TURNER, JAMES L. 200 SOUTH ORANGE AVE. SARASOTA, FL 34236 | |
| 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____ | |

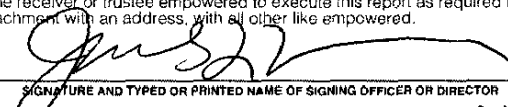
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JAMES L. TURNER 200 SOUTH ORANGE AVE. SARASOTA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KAREN S. TURNER 200 S ORANGE AVE SARASOTA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES L. TURNER, President

Date: **3/16/04** Daytime Phone #: **(941) 366-4800**