2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

NORCOSS PROFESSIONAL CENTER OWNERS'  A230 JENNS AVE  A240 JENNS AVE  A44 FEL Number   Sales    A540 JENNS AVE	DOCU 1. Entity Nam	MENT#NOOOOOOO50	891			Mar 15, 2004 08:00 AM Secretary of State		
2400 JENNS AVE UNIT 6 PANAMA CITY FL 32405  2 Principal Proce of Susiness  Suite, Apt if, etc.  Suite, Apt if, etc			'ER OWNERS'			cretary or Sta	acc	
UNIT 6 PANAMA CITY FL 32405  Soile, Apr #, etc  Suite, Apr #, etc  Sui	Principal Plac	e of Business	Mailing Address			•		
PANAMA CITY FL 32405 PANAMA CI		SAVE						
Sules, Apt. 8, etc.  Sules, Apt. 9, etc.  Sules, Apt. 9, etc.  City & State  Country  Zip  Country  Size  Si								
Stille, Apt   1, etc								
City & State  City & State  City & State  City & State  Country  So Certificate of Status Destroy  To Name and Address of New Registered Agent  North Registered Agent  North Registered Agent  North Registered Str. O. Box Number is Not Acceptable)  So City  FL  So City	2. Principal Place of Business							
Security						OORE CR2E037		
BRUDNICKI, GREG 2420 JENKS AVE UNIT 6 PANAMA CITY FL 32405  FL Zip Code  8. The above named entity submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept interest agent, or both, in the State of Forfida. I am familiar with, and accept intere	City & State		City & State		4. FEI Number 5	9-3638089		<del>`</del>
BRUDNICKI, GREG 2420 JENKS AVE UNIT 6 PANAMA CITY FL 32405  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Now, FL Zip Code  City FL Zip Code  City FL Now, FL Zip Flat Now, FL Zip Flat Now, FL Zip Flat Now, FL Zip Flat Now, FL Now, Flat No	Zip	Country	Zip	Country	5. Certificate of Str			
BRUDNICKI, GREQ 2420 JENKS AVE UNIT 6 PANAMA CITY FL 32405  City  FL  Zip Code  Florida I am familiar with, and accept  Added to Fool  Florida Department of State  F		6. Name and Address of Currer	nt Registered Agent	Nama	7. Name and Add	ress of New Registered Ag	ent	
2420 JENKS AVE UNIT 6 PANAMA CITY FL 32405  8. The above named entity submits this statement for the purpose of changing fis registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Submit   Subject of prince have of registered agent.   Charge   Change   Change   Change   Change   Change   Change   Change   Change   Change   Addition	ומפו	IDNICKI GREG						<del></del>
B. The above named entity submits this statement for the purpose of changing fis registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Engine   Properties   Propert	242	O JENKS AVE		Street Addr	ess (P.O. Box Number is 1	(ot Acceptable)		<del></del>
R. The above named entity submits this statement for the purpose of changing fits registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Construct hypother or predictive agent.   Post of registered agent.   Pos					· · · · · · · · · · · · · · · · · · ·			
SIGNATURE				City		FL	Zip Code	9
Trust Fund Contribution.    Added to Fees   Florida Department of State	•	tions of registered agent.						
TITLE	SIGNATURE	Signature, typed or printed name of registered aga	ent and little if applicable. (NOT)	E Registered Agent signature re	equired when reinstating)	DATE		
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**FILED** 

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 1 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 617. 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:

SIGNA