


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001765
 1. Entity Name



Principal Place of Business: 115 NE 6 BLVD, WILLISTON, FL 32696
 Mailing Address: 115 NE 6 BLVD, WILLISTON, FL 32696

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02062004 No Chg-NP CR2E037 (10/03)
 4. FEI Number: NOT APPLICABLE
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 WILKES, LESTER
 PO BOX 879
 WILLISTON, FL 32696

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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: LESTER WILKES Lester Wilkes 2-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILKES, LESTER
STREET ADDRESS	PO BOX 879
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	D
NAME	KIRCHARTZ, MARK
STREET ADDRESS	15361 NE 49 LN
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	D
NAME	MORGAN, MIKE
STREET ADDRESS	435 SE 4 DR
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/11/04-80032-007 70.00

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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 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: Lester Wilkes LESTER WILKES 2-9-04 5280081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #