2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Zip Country Zip Country 5-9-1989749 Not App	1. Entity Nam INTERST	MENT # N02350 ATE PARK OF COMMERGATION, INC.	CE OWNERS		04-16-	-2004 90099 011 **	***61.25	
Surie, Apt. #, etc. Surie, Apt. #, etc. Country Craze037 (10/03) Cray State City & City & State Ci	C/O 1315 S. HOWARD AVENUE P.O. BOX 23488 STE 202 TAMPA, FL 33623-348			488 US	44029490			
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S. Name and Address of Current Registered Agent	Zip	Country	Zip	Country				
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and it her obligations of registered agent, or both, in the State of Florida. I am familiar with, and it her obligations of registered agent, or both, in the State of Florida. I am familiar with, and it her obligations of registered agent, or both, in the State of Florida. I am familiar with, and it has obligations of registered agent, or both, in the State of Florida. I am familiar with, and it has obligations of registered agent, or both, in the State of Florida. I am familiar with, and it has obligations of registered agent, or both, in the State of Florida. I am familiar with, and it has obligations of registered agent, or both, in the State of Florida. I am familiar with, and it has obligations of registered agent, or both, in the State of Florida. I am familiar with, and it has obligations of registered agent, or both, in the State of Florida. I am familiar with, and it has obligations of registered agent, or both, in the State of Florida. I am familiar with, and it has obligations of registered agent, or both, in the State of Florida. I am familiar with, and it has obligations of Florida Department of State Obligations of Florida Department of	DUCATANI E		· **	Name	Name			
TAMPA, FL 33606 6. 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 it the colligations of registered agent. SIGNATURE SIGNATURE Signature, uped or ported name of registered agent and site 4 applicable. (INCTE. Registered Agent separate required separate dependence of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and it the colligations of registered agent. SIGNATURE SIGN	1315 S. HO			Street Addres	(P.O. Box Number is Not Acceptable)			
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 it the obligations of registered agent. SIGNATURE Signature, honed or printed name of registered agent and site of applications. (NOTE Registered Agent dignature required when repressure) FILING Fee is \$61.25 Due by May 1, 2004 SILECTION COMPAIGN PROBLEM P				City	City FL Zip Code			
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