2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N99000007			02-19-2004 90020 010 ****70.00			'70.00		
500 NASSAU CT 50		Mailing Address 500 NASSAU CT MARCO ISLAND, FL 341	. T				34 UU	0147	
2. Principal Place of Business 3		3. Mailing Address			A KOTIA KATU AŽUK ADUL AI			ELON DI LEGO	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122004	Chg-NP	CR2E037	(10/03)		
City & State		City & State		4. FEI Numb 59-361	er 8210			plied For t Applicable	
Zip	Country	Zip	Country		of Status Desired		8.75 Addi	itional	
	6. Name and Address of Current	Registered Agent		7Name and	1 Address of New	<u> </u>	<u> </u>		
MCARDLE	MICHAEL W		Name						
MCARDLE, MICHAEL W 850 PARK SHORE DR NAPLES, FL 34103			Street A	Street Address (P.O. Box Number is Not Acceptable)					
· · · · ·,									
			City			FL	Zip Code)	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	r the purpose of changing its t	egistered office o	r registered agent, or bo	oth, in the State of F	lorida. I am farr	niliar with, a	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signa	ture required when reinstating)	F	, DATE	از ۱۰۰ در د پاهيو د ماده د		
	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2004	9. Election Cam		\$5.00 May I	3e 1	, DATE Make check p	ayable to		
10.	Filing Fee is \$61.25! Due by May 1, 2004 OFFICERS AND DIF	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May B	3e 1	Make check p rida Departm	eayable to	ate	
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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 it 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 withy an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

239-394-6661

Daytime Phone #