2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apriliary Address   Mailing Address   Apriliary Address   Aprili	DOCU 1. Entity Nam PETERS I				Feb 02, 2004 08:00 AM Secretary of State											
Sulic Apt # etc   Sulic Apt # etc   Sulic Apt # etc   NoORE   CR2694 (11/03)   Applied For   Not Appli	4318 HOLD	EN ROAD	s		4318 HOLDEN ROAD					; (##\$)(#\$; (5) #\$(1) ##(   ##(   ##(   ##(   ##(   ##(						
City & State  State Address of Current Registered Agent  T. Name and Address of New Registered Agent  The Environment of Institute of Principle City of The Registered Agent  The Environment of Institute of The Registered Agent Agent Spates of Principle City of The Registered Agent Agent Spates of Principle City of The Registered Agent Agent Spates of Principle City of The Registered Agent Agent Spates of Principle City of The Registered Agent Agent Spates of The Registered Agent Agent Agent Spates of The Registered Agent Agent Agent Spates of The Registered Agent Agent Agent Agent Agent Spates of The Registered Agent	2. Principal P	Place of Busin	ness	3	3. Mailing Address											
2p   Country   2p   Country   5. Certificate of Suntan Desired   \$9.375 Additional   Feb Required   \$9.375 Additional   \$9.375 Addi	Suite, Apt. #, etc				Suite	, Apt. #. etc.			MOORE CR2E034 (11/03)							
6. Serince and Address of Current Registered Agent  LANSKY, GLEN R 313 E. ROBERTSON ST. BRANDON FL 33511  City  FL Zp Code  6. The above names entity submits this statement for the purpose of changing lits registered diffue or registered agent, or born, in the State of Rords. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  Break Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  SIGNATURE:  AND THE Provide prevent with a september of registered agent.  I am familiar with, and accept the september of registered agent. I am familiar with, and accept the september of registered agent. I am familiar with, and accept the september of registered agent. I am familiar with, and accept the september of registered agent. Contribution  FILE NOW!!! FEE IS \$150,000  After May 1, 2000 Fee with the SS50,000  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CMANGES TO OFFICERS AND DIRECTORS IN F1  INIT.  WARE  MAKE AND PL 33811  DEBET ADDITIONS/CMANGES TO OFFICERS AND DIRECTORS IN F1  INIT.  WARE  MAKE AND PL 33811  DEBET ADDITIONS CONTRIBUTED AGENT ADDITIONS CONTRIB	City & State				City & State				4.	. FEI Nu	mber	59-3626	6479			
LANSKY, GLEN R 313 E. ROBERTSON ST. BRANDON FL 33511  6. The above named entity submits this statement for the purpose of changing its registered agent, or boin, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  6. The above named entity submits this statement for the purpose of changing its registered agent, or boin, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boin, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boin, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boin, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Or boin, in the State of Florids. I am familiar with, and accept the fa	Zip							ntry								
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B. 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   Signature	313		Street Add	ress (P.O.	. Box Nu	mber i	s Not Accer	otable)								
The obligations of registered agent.    SIGNATURE								City						FL	Zıp Code	•
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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:	NAME STREET ADDRESS					☐ Delele	NAM STRE	IE EET ADDRESS			-				Change	Addition
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