2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 06, 2004 08:00 AM Secretary of State DOCUMENT # P01000060936 1. Entity Name W.C. AIRTH, JR., P.A. Principal Place of Business Mailing Address 2518 EDGEWATER DR. 2518 EDGEWATER DR. SUITE 4 SUITE 4 ORLANDO, FL 32804 ORLANDO, FL 32804 08042004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3724390 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent AIRTH, W.C. JR. DO NOT WRITE 2518 EDGEWATER DR. ORLANDO, FL 32804 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Flagistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE !S \$150.00 in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. Ð सारह NAME AIRTH, W.C. JR. U00000169491 08/06/04-80003-010 150.00 2518 EDGEWATER DR. STREET ACCRESS CTTY-ST-ZIP ORLANDO, FL 32804 TETTE NAME. STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CXY-SI-ZIP TIRLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 suppliergerial 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 frustee 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 atjacophent by that an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

MAME STREET ADDRESS

MMM W.C. HIRTH, TO

5/4/0x 40-423-5561

FILED