


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

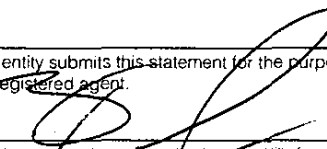
DOCUMENT # P02000112327 1. Entity Name FLSUB-34, INC.		
Principal Place of Business 5260 PKWY PLAZA BLVD STE 140 CHARLOTTE NC 28217		Mailing Address 5260 PKWY PLAZA BLVD STE 140 CHARLOTTE NC 28217
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO Box 241448 Suite, Apt. #, etc.	
City & State Charlotte NC	City & State Charlotte NC	4. FEI Number 51-0435947
Zip 28217	Country USA	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		MOORE CR2E034 (11/03)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

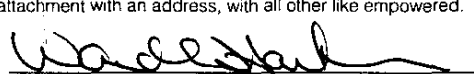


6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent Name: Corporation Service Corporation Street Address (P.O. Box Number is Not Acceptable): 1201 Nays Street City: Tallahassee FL Zip Code: 32301-2525	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Brian Courtney Asst. V. Pres. </div> <div style="width: 20%; text-align: right;"> DATE: 4/30/04 </div> </div>			

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input checked="" type="checkbox"/> Delete NAME: BELL, DAVID G STREET ADDRESS: 170 NORMANDY RD CITY-ST-ZIP: MOORESVILLE NC 28117	TITLE: Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: GIL E. Aleman STREET ADDRESS: 1454 Conasauga Ave. CITY-ST-ZIP: Atlanta, GA 30319	TITLE: S <input type="checkbox"/> Delete NAME: FOTSCH, ROBERT M STREET ADDRESS: 140 CHESHIRE LN CITY-ST-ZIP: MOORESVILLE NC 28217	TITLE: 200036058452 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 05/11/04--01052--011 STREET ADDRESS: **150.00 CITY-ST-ZIP:
TITLE: V <input type="checkbox"/> Delete NAME: WILLSON, MICHAEL C STREET ADDRESS: 1260 BOSWELL CT CITY-ST-ZIP: CONCORD NC 28027	TITLE: ASST Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: WARD E Harkness STREET ADDRESS: 8213 Tradd Ct CITY-ST-ZIP: Charlotte NC 28210	TITLE: S <input checked="" type="checkbox"/> Delete NAME: PATELUNAS, JOSEPH STREET ADDRESS: 3991 CRESTVIEW DR CITY-ST-ZIP: ROCK HILL SC 29732	TITLE: ASST Sec <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: WARD E Harkness STREET ADDRESS: 8213 Tradd Ct CITY-ST-ZIP: Charlotte NC 28210
TITLE: S <input type="checkbox"/> Delete NAME: PATELUNAS, JOSEPH STREET ADDRESS: 3991 CRESTVIEW DR CITY-ST-ZIP: ROCK HILL SC 29732	TITLE: S <input type="checkbox"/> Delete NAME: PATELUNAS, JOSEPH STREET ADDRESS: 3991 CRESTVIEW DR CITY-ST-ZIP: ROCK HILL SC 29732	TITLE: S <input type="checkbox"/> Delete NAME: PATELUNAS, JOSEPH STREET ADDRESS: 3991 CRESTVIEW DR CITY-ST-ZIP: ROCK HILL SC 29732	TITLE: S <input type="checkbox"/> Delete NAME: PATELUNAS, JOSEPH STREET ADDRESS: 3991 CRESTVIEW DR CITY-ST-ZIP: ROCK HILL SC 29732

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:  **WARD E. HARKNESS** 4/27/04 704-523-2191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #