## 2004 FOR PROFIT CORPORATION

## FILED Feb 17, 2004 8:00 am Secretary of State

<b>,</b>	ANNUAL REPORT	<u>'</u>

Principal Place of Business 1137 PONDEROSA RD VENICE, FL 34293  2. Principal Place of Business Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  A, FER Number  A, FER	Applied For Not Applicable
VENICE, FL 34293  2. Principal Place of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Size Address of Current Registered Agent  Name  Name  Size Address (P.O. Box Number is Not Acceptable)  VENICE, FL 34293  **  City **  Size Address (P.O. Box Number is Not Acceptable)  City **  Size Address (P.O. Box Number is Not Acceptable)  City **  Size Address (P.O. Box Number is Not Acceptable)  Tity PONDEROSA RD  VENICE, FL 34293  **  City **  Size Address (P.O. Box Number is Not Acceptable)  Tity Applications of registered agent, or both, in the State of Florida. I am familiar view obligations of registered agent are depressed agent are depressed agent.  Signature, typed prince are degree agent are depressed agent are depressed agent are depressed agent.  **  **  **  **  **  **  **  **  **	Applied For Not Applicable
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City & State  Size of Address of Current Registered Agent  Name  Size of Address (P.O. Box Number is Not Acceptable)  City  FL Zip  City  FL Zip  City  FL Zip  City  FL Zip  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 view obligations of registered agent.  Signarus, spend or xread agene of registered for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar view obligations of registered agent.  Signarus, spend or xread agene of registered for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar view obligations of registered agent.  Signarus, spend or xread agene of registered for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar view obligations of registered agent.  Signarus, spend or xread agene of registered for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar view obligations of registered agent.  Signarus, spend or xread agene of registered for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar view obligations of registered agent.  Signarus, spend or xread agene agent.  Signarus, spend or xread agene.  Signarus	Applied For Not Applicable
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8. 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 vitre obligations of registered agent.  SIGNATURE  Signature Typed or proced name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when remaiting)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  Thus Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  MAILLS, BENNY L  1137 PONDEROSA RD  VENICE, FL 34293  VENICE, FL 34293  Detele  1111  Detele  1111  NAME  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  STREET ADDRESS	
8. 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 a biligations of registered agent.  SIGNATURE  Signature, typed or provide name of registered agent and the # applicable. (NOTE Registered Agent agrature required when remaining)  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES	ode
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12. Thereby 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	e Addition
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 ball; that I am an 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 changed, or on an attachment with an address, with all other like empowered.	e Addition e Addition e Addition