2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Sep 09, 2004 8:00 am Secretary of State

2. Pringings Place of Business 6233 Drucker Circle 5233 Drucker Ci	316 BOUNDARY BLVD ROTONDA WEST, FL 33947 2. Principal Place of Business 6233 Drucker Cir. 3. Mailing Address 6233 Drucker					09-09-2004 90005 020 ***						
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SHAFFER MATT 316 BOUNDARY BLVD ROTONDA WEST; FL 33947 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and as the chigations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Cempaign Financing Due by September 8, 2004 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P.S. TITLE NAME SHAFFER, MATT SIRET ADDRESS OITY-S1-2P ROTONDA WEST, FL 33947 TITLE NAME SHAFFER, HEATHER SIRET ADDRESS OITY-S1-2P TITLE NAME SIRET ADDRESS OITY-S1-2P TITL										\$8.75 Add	itional	
Street Address (P.O. Box Number is Not Acceptable) Column		6. Name and Address of Current F	legistered Agent						Registered	Agent		
Street Address (P.O. Box Number is Not Acceptable) Color	SHAFFER	MATT			Name	- <u>-</u> _		en en en e	بن <u>ن</u> ند. م نو	سينزيد سينج	اهردي خلف	
City PORT LUMARIOTTE FL Zip Code 33	316 BOUNDARY BLVD											
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, and at the obligations of registered agent. SIGNATURE Superior types or private name of registered agent and site if applicable (NOTE Registered Agent signature required when reintasing) DATE						6233 Vrucker Circle						
SIGNATURE FILE NOW!!! FEE IS \$150.00 P. Election Campaign Financing S5.00 May Be Added to Fees Adde												
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIILE P.S. Dates SHAFFER, MATT SIRRET ADDRESS CITY-ST-2IP ROTONDA WEST, FL 33947 ITITE STREET ADDRESS CITY-ST-2IP ROTONDA WEST, FL 33947 ITITE NAME STREET ADDRESS CITY-ST-2IP ROTONDA WEST, FL 33947 ITITE NAME STREET ADDRESS CITY-ST-2IP ROTONDA WEST, FL 33947 ITITE NAME STREET ADDRESS CITY-ST-2IP ROTONDA WEST, FL 33947 ITITE NAME STREET ADDRESS CITY-ST-2IP ROTONDA WEST, FL 33947 ITITE NAME STREET ADDRESS CITY-ST-2IP ROTONDA WEST, FL 33947 ITITE NAME STREET ADDRESS CITY-ST-2IP ROTONDA WEST, FL 33947 ITITE NAME STREET ADDRESS CITY-ST-2IP ROTONDA WEST, FL 33947 ITITE NAME STREET ADDRESS CITY-ST-2IP NAME NAME NAME STREET ADDRESS CITY-ST-2IP NAME NAME NAME STREET ADDRESS CITY-ST-2IP NAME NAME STREET ADDRESS CITY-ST-2IP NAME NAME NAME NAME STREET ADDRESS CITY-ST-2IP NAME NAME NAME NAME NAME NAME NAME NAME			the purpose of changing its	registere	SO OTTICE OF	registere	id agent, or both	n, in the State of H	orida. Tam	i familiar with,	and accept	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information dicated 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 directly 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	12. I hereby	certify that the information supplied with	this filing does not qualify to	r the exe	motion state	ed in Sec	ction 119.07(3)(i), Florida Statutes.	I further ce	ertify that the in	nformation	

Sept- \$ 04