## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2004 8:00 am Secretary of State

DOCUMENT # P9500000017  1. Entity Name O'HAIRE, QUINN, CANDLER & CASALINO, CHARTERED					03-31-2004 90006 036 ***150.00			
Principal Plac	ce of Business	Mailing Address						
[ ' <u>.</u>		PO BOX 4375				54024	1515	
			VERO BEACH, FL 32964			010#	1010	
				t 10017001 tio	18181 amı edili asın e	(811) 6211) 9811; marti 6818; mari	100100	
2 Oringinal (	Clama of Dynings	2 Mailian Address						
2. Principal Place of Business 3.		3. Mailing Address	Maning Address		HBIBI BIIII BBIII BBIII B			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		o: <b>5</b>		_,	
		Ì		02272004	Chg-P	CR2E034 (10/0	3)	
City & State		City & State	City & State		r		Applied For	
				65-0549	9320		Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 /		
	6. Name and Address of Current	Registered Agent		7 Name and	Address of New	Fee Requ	illed	
	o. Harro and Address of Carlott	rtegistered Agent	Name	77 Namo Bilo	Address of New	Hedisteren Adeilt		
CANDLER, RICHARD B								
	DINAL DR		Street Address (		r is Not Acceptat	ole)		
VERO BE	ACH, FL 32963							
				<del></del>	· <del>-</del>			
			City			FL   Zip C	ode	
	e named entity submits this statement for	or the purpose of changing its i	egistered office or req	gistered agent, or bot	n, in the State of F	lorida. I am familiar wi	th, and accept	
the obliga	tions of registered agent.							
SIGNATURE								
Sign with a sign w	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)		DATE	<del></del> _	
		9. Floation Compai	- Cincarina	<b>AF 00</b> •				
	.E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees				
[								
10.	OFFICERS AND		11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTO		
TITLE	P	☐ Delete	TITLE			Chang	e 🔲 Addition	
NAME	O'HAIRE, MICHAEL		NAME OTHERT ADDRESS					
STREET ADDRESS CITY-ST-ZIP	575 HWY A-1-A VERO BEACH, FL 32963		STREET ADDRESS CITY-ST-ZIP					
TITLE	VP	□ Delete	TITLE	<del></del> -		Chang	n Madding	
NAME	QUINN, JEROME D	□ Delete	NAME			LJ CHAN	e 🔲 Addition	
STREET ADDRESS	308 LIVE OAK RD		STREET ADDRESS					
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP					
TITLE	-S	☐ Defets	TITLE	<del></del>		☐ Chang	e 🔲 Addition	
NAME	CANDLER, RICHARD B		NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP					
TITLE	Т	☐ Delete	TITLE			🔀 Chang	e 🔲 Addition	
NAME OXNESS ADDRESS	CASALINO, GREGG M		NAME	950 Wind	song Wa	v		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	Vero Beach, Fl. 32963				
ļ————	VERO BEACH, PL 32800	П	- <b>}</b>					
TITLE NAME		☐ Delete	TITLE Name			Chang	e	
STREET ADDRESS	1		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
Time	1					•		
1 111111		∏ ∩alate	TITLE			☐ Chann	e Addition	
TITLE NAME		☐ Delete	TITLE .			☐ Chang	e 🔲 Addition	

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 priner like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04

772-231-6900

Daytime Phone #