2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARRIVAL REPORT (AR)								Feb 04: 2004 08:00 AM					
DOCUMENT # P99000062437 1. Entity Name								Feb 04, 2004 08:00 AM Secretary of State					
R&AEN	IDEAVOR	S, INC.		•			<i>y</i>						
Principal Plac	e of Business		Mailin	g Address		I,	7						
14134 NEP	HRON LN.	•	1413	14134 NEPHRON LN. HUDSON FL 34667									
	- 0 1001												
2. Principal F	Place of Busin	ness	3. Mai	3. Mailing Address									
Suite, Apt	#, etc		Surt	Suite, Apt, #, etc.				MC	ORE	CR2E034	(11/03)		
City & State			City	City & State			4.	FEI Number 5	9-358687	4	شــــا	pited For at Applicable	
Ζιρ	sp Country		Zip	Zip Cour		itry	5.	Certificate of St	atus Desired		\$8.75 Add Fee Require		
	6. Name	and Address	of Current Registere	d Agent			7.	Name and Add	ress of New F	legistered .	Agent		
000	Name												
751	OK, J. HA O RIDGE	.RHIS RD. Y FL 34668	2				Street Address (P.O. Box Number is Not Acceptable)						
FOR	11 NIONE	1 FL 34000	•			0.34					To Cod		
						City				FL	1		
	e named entity tions of regist		tatement for the purp	ose of changing it	s register	ed office or regist	ered aç	gent, or both, in	the State of Flo	orida. Lam	familiar with,	and accept	
SIGNATURE	Signature typed	ar printed name of re	gristered agont and title if app	ON) aldeade	TE. Registers	ed Agent signature requi	red whon	renstating)	- <u> </u>	DATE		<u> </u>	
F	ILE NOW!	!! FEE IS \$1	50.00			= <u>_</u> -							
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State									n Campaign Fil and Contributio		\$5.0 Added	O May Be I to Fees	
10.		Ŏ <u>F</u> FI	CERS AND DIRECTO)RS	11.	·	Αſ	DDITIONS/CHA	NGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
सार्ख	٥			☐ Delete	TITL	i					☐ Change	☐ Addition	
NAME STREET ADDRESS	REDDY, P. 14134 NEF				NAM CTO	NE EFT ADDRESS		000.6	U0000003; 35/84-80	2391			
CATA-21-5%	HUDSON F				- 1	-ST-ZIP		13271	J5/U4-8U	UU1-U1	3 150.80	}	
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CATY-ST-ZAP					CERY	-ST-ZIP					<u>ند</u>	u	
BITLE				☐ Delete	3118	}					Change	☐ Addition	
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NAME					NAM	3							
STREET ADDRESS CITY-ST-ZIP					1	EET AODRESS (-ST-ZIP							
12. I hereby	certify that the	e information su	applied with this filing	does not qualify for	or the exe	emption stated in t	Section	119,07(3)(i). FI	orida Statutes.	I further ce	tify that the it	nformation	
indicaled	on this repor	n at sunnlemen	ital report is true and	accurate and that	my siona	sture shall have th	e same	e legal effect as	if made under	oath, that i	am an officer	or director r Block 11 if	
of the corporation of 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: 01 - 30 - 04													

FILED