2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)



FILED Jan 29, 2004 8:00 am

1. Entity Name								Secretary of State				
								01-29-2	004 90089	012 ***1	50.00	
Principal Place	of Busines	S		Mailing Address	•							
101WYMORE	E RD			101 WYMORE RD		•		-				
ALTAMONTE SPRINGS FL 32714 US				110 ALTAMONTE SPRINGS FL 32714 US								
2. Principal Place of Business 101 S. Wymore Road				3. Mailing Address 101 S. Wymore Road								
Suite, Apt. #, etc. 111				Suite, Apt. #, etc.			MOORE	E CR	2E034 (11	1/03)		
City & State		Springs,	FL	City & State Altamonte	Spri	ngs,	FL	4. FEI Number 59-3	051987	·		plied For Applicable
Zip 32714	1	Country US		Zip 32714	Count	гу		5. Certificate of Status	Desired [75 Addi Required	
	6. Name	and Address of C	urrent F	legistered Agent				7. Name and Address	of New Regis	stered Ager	nt	
		1 tuer		a and the community of the		Name					.	
BAUM, JOHN V. 213 S SWOOPE AVENUE MAITLAND FL 32751						Street Ad	ddress (f	P.O. Box Number is Not A	(cceptable)			
WAI	I LAND F	L 32/31									7:- 01-	
						City				FL	Zip Code	
		y submits this state tered agent.	ment for	the purpose of changing its	registere	d office or	register	ed agent, or both, in the	State of Florida	a. I am fami	liar with,	and accept
SIGNATURE	Signature, typed	or printed name of register	red agent a	nd title if applicable. (NO)	E: Registered	1 Agent signatu	re required	when reinstating)		DATE		
								=-				
FI After	ILE NOW! May 1, 20	!! FEE IS \$150. 04 Fee will be \$5 o Florida Departr	00 50.00					9. Election Car	mpaign Financ Contribution.	ing		0 May Be to Fees
FI After	ILE NOW! May 1, 20	!! FEE IS \$150. 04 Fee will be \$5 o Florida Departr	00 50.00 nent of		11.			9. Election Car	Contribution.		Added	to Fees
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nereby ceruity that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), 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: _

Patricia H. Fargason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

queta1/22/04

407/869-5002

Daytime Phone #