## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

Principal Place of Business  Suite. Apil. #. etc.  2. Principal Place of Business  Suite. Apil. #. etc.  3. Mailing Address  Suite. Apil. #. etc.  4. FEI Number  6. Pop. CREE34 (10/03)  Total Address of Current Registered Agent  7. Name and Address of Current Registered Agent  Name  COURSON, CARI. J.  Sircel Address (P.O. Box Number is Not Acceptable)  Fee Required  Total Address of Current Registered Agent  7. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City F.L.  Ziz Code  R. The soow named chilly submits the Signament for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the debigation or registered agent, or both, in the State of Florida. I am familiar with, and accept the debigation or registered agent, or both, in the State of Florida. I am familiar with, and accept the debigation or registered agent, or both, in the State of Florida. I am familiar with, and accept the debigation or registered agent, or both, in the State of Florida. I am familiar with, and accept the debigation or registered agent, or both, in the State of Florida. I am familiar with, and accept the debigation or registered agent, or both, in the State of Florida. I am familiar with, and accept the debigation or registered agent, or both, in the State of Florida. I am familiar with, and accept the debigation or registered agent, or both, in the State of Florida. I am familiar with, and accept the debigation or registered agent, or both, in the State of Florida. I am familiar with, and accept the debigation or registered agent, or both, in the State of Florida. I am familiar with and accept the debigation or registered agent.  FILE NOWINI FREE IS \$150.00  ARCHILLER AGENT A	1. Entity Nan	ne	# 544712 RTIES, INC.			04-30-	2004 90	1295 006	***150.00		
Selection   Place of Business   Sulfa, Apt #, etc.   Sulfa, Apt #, etc	Principal Plac	e of Business	3	Mailing Address	Mailing Address			<del></del> -	:		
Suito ADI. #. etc.   Suito A	900 NE 3RD STREET			P.O. BOX 579							
Coy & State	2. Principal F	Place of Busin	ess	3. Mailing Address							
Country   Zip	Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262004	Chg-P	CR2E	034 (10/03)	
S. Certificate of Status Desired   Fee Perquired   S. Certificate of Status Desired   Fee Perquired   S. Certificate of Status Desired   S. Certificate of Status Desired Des	City & State			City & State						<u> </u>	· · · · · · · · · · · · · · · · · · ·
Name	Zip					itry	5. Certificate	of Status Desired			
COURSON CARL J 900 N E 3 RDS TREET         BRLE GLADE, FL 33430.         Free Address (P.O. Box Number is Not Acceptable)           Coly         FILE NOWILL FEE IS \$150,000         POOTE Rejutend Apert agreement apent or rejusered agent, or both, in the State of Florida. I am familiar with, and acceptable.           SSONAUTE         SSONAUTE         SSONAUTE FEE IS \$150,000         POOTE Rejutend Apert agreement apent or rejusered agent, or both, in the State of Florida. I am familiar with, and acceptable.           POOTE Rejutend Apent agreement apent when rejusered agent, or both, in the State of Florida. I am familiar with, and acceptable.           SSONAUTE           POOTE Rejutend Apent agreement apent or rejusered agent, or both, in the State of Florida. I am familiar with, and acceptable.           POOTE Rejutend Apent agreement apent or rejusered agent, or both, in the State of Florida. I am familiar with, and acceptable.           POOTE Rejutend Apent agreement apent or rejute represent agent or rejute reveal agent, or both, in the State of Florida. I am familiar with, and acceptable.           POOTE Rejutend Apent agreement apent or rejute reveal agent, or both, in the State of Florida. I am familiar with, and acceptable.           POOTE Rejutend Apent agreement agent or rejute reveal agent, or both agent agent or rejute reveal agent, or both agent ag		6. Name	and Address of Current	<u> </u>							
Sireer Address (P.O. Box Number is Nox Acceptable)   Sireer Address (P.O. Box Number is Nox Acceptable)	COURSO	N. CARL J				Name					
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 accept the obligations of registered agent.    Signature	900 N.E. 3RD STREET					Street Address (P.O. Box Number is Not Acceptable)					
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 accept the five displacement agent, or both, in the State of Florida. I am familiar with, and accept the five displacement agent, or both, in the State of Florida. I am familiar with, and accept the five displacement agent, or both, in the State of Florida. I am familiar with, and accept the five displacement agent, or both, in the State of Florida. I am familiar with, and accept the five displacement agent, or both, in the State of Florida. I am familiar with, and accept the five displacement agent, or both, in the State of Florida. I am familiar with, and accept the five displacement agent, or both, in the State of Florida. I am familiar with, and accept the five displacement agent.    State						City			FI	Zip Cod	e
SIGNATURE     Signature   Si	8. The above	named entity	submits this statement for	or the purpose of changing its	s registere	d office or registe	red agent or bo	th in the State of Flo		familiar with	and accent
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### Received to the control of the c		Signature, typed	or printed name of registered agent	and title if applicable. (NO	FE: Registere	d Agent signature requires	d when reinstating)		DATE		
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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.