2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 1300 THIRD STREET SOUTH #301 MAPLES, FL 34102 US						SC	ciciary of State	
1300 THIRD STREET SOUTH #301 NAPLES, R. 34102 DO NOT WRITE IN THIS SPACE 1. FEI Number Appendix Desired Appendix Desired Social 5790 Not Applicable Sa. 75 Additional Fee Pecquired Sa. 75 Additiona	1. Entity Nan	ne				·		
DO NOT WRITE IN THIS SPACE A FEI Number Append For CR26034 (19/03)	Principal Plac	ce of Business	Mailing Address	<u> </u>	7			
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DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0315790					0705004 (46100)			
6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent RESILER, DANIEL R. RESILER, DANIEL R. ROWNERS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am fa	TO SICT MOTOR INTEREST CONCE				02112004	No Chg∙P	CR2E034 (10/03)	
B. Name and Address of Current Registered Agent RESSLER, DANIEL R. 1300 THIRD STREET SOUTH #301 NAPLES, FL 33940 B. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the orthograms of registered agent. SIGNATURE Signature, liquid or printed name of inspatious agent and the 4 purpose. FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS THE PORT OF THE STREET SOUTH STE 301 NARE STREET ANGRESS OITH ST-2P NAPLES, FL DO NOT WRITE INTERIORISS OITH ST-2P NAPLES, FL DO NOT WRITE INTERIORISS OITH ST-2P NAPLES, FL DO NOT WRITE INTERIORISS OITH ST-2P NAPLES, FL DO NOT WRITE INTERIORISS OITH ST-2P INTERIORISS OITH ST-2P STREET ANGRESS OITH ST-2P S	I.,	M MAI AAMIE						
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After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution	Signature, typed or printed name of registered agent and title 1 applicable (NOTE. Registered Agent signature required whe					, 	DATE	
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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 tendor 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, tike empowered.

SIGNATURE: