2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE: *

Mar 17, 2004 08:00 AM Secretary of State **DOCUMENT # 484073** 1. Entity Name A CORP. Principal Place of Business Mailing Address 14508 S. TAMIAMI TRAIL 14508 S. TAMIAMI TRAIL FT MYERS, FL 33912 FT MYERS, FL 33912 01102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1581183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUCKE, WILLIAM J. DO NOT WRITE 14508 S. TAMIAMI TRAIL FT MYERS, FL 33912 IN THIS SPACE 5. 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. SIGNATURE Signature, typed or printed name of registered agont and bits if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000090333 <u>/17/04-90012-019_150.00</u> OFFICERS AND DIRECTORS 10. MILE HUCKE, WILLIAM J. NAME 14508 S. TAMIAMI TRAIL STREET ADDRESS FORT MYERS, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - 732 MLE MALE STREET ADDRESS DO NOT WRITE CITY-ST-239 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 other like empowered.

William J. Hucke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED