2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE: L

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

999-2225

		IXM: VIXI		-	Sec	cretary of Stat	e
DOCU 1. Entity Near THAYER				**************************************		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Principal Plac	ce of Business	Mailing Address		1			
4121 S W 3	84TH STREET	4121 S.W. 34TH STREET					
ORLANDO, F		ORLANDO, FL 32811 US					
G112490, 1	2 02017 00	OKE #100,11 32011 05					
from the same			· · · · · · · · · · · · · · · · · · ·				
		CE	04162004	No Chg-P	CR2E034 (10/03)		
	O NOT WRITE		4.55(3)		Applied For		
				4. FEI Numb 59-083		Not Applicat	ble
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	5. Name and Address of Current Re	gistered Agent					
KENNEDY, WILLIAM P 4121 S.W. 34TH STREET				DO	NOT W	RITE	
ORLANDO	D, FL 32811			IN 7	THIS SP	PACE	
						·	
8 The above	named entity submits this statement for the	no rurance of changing its confiden	of office or register	nd scent or he	the for the Chair of Flo	wide the featile with and	
the obligat	tions of registered agent.	to barbose of cristigning its register	ac onice or register	eo agent, or bo	us, as trie State (it ric	Maa. 1 em tamiliar with, and acce	Þŧ
SIGNATURE_							
G.G.M.1013L_	Signature, typed or printed name of registered agent and	d Agent signature required	when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees	000000 04/30/04	0143893 -80107-019 150.00	
10.	OFFICERS AND DI	RECTORS					
TITLE	PST		:2				-
NAME	KENNEDY, WILLIAM P						
STREET ADDRESS	4121 S.W. 34TH STREET		1			•	
City-St-IIP	ORLANDO, FL 32811						
TITLE	AS			<u> </u>			_
NAME	LEE, BARBARA J						
STREET ADDRESS	4121 S.W. 34TH STREET						_
CITY-ST-ZIP	ORLANDO, FL 32811						
	OREANDO, PE 32011						
TITLE			l				
NAME						•	
STREET ADDRESS				DO	NOT W	DITE	
CITY-ST-ZIP					IAOI AA	<u>niie </u>	_
TITLE				INI "	THIS SP	MACE	
NAME				11.4		ACE	
STREET ADDRESS							
CITY-ST-ZIP							_
TITLE							
NAME			l				
STREET ADDRESS							
CITY-ST-ZIP				,		<u> </u>	
TIELE		<u>,</u>	_~				
NAME				<u></u>			
STREET ADDRESS							

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR