

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90179 001 ***150.00
07-08-2004 90179 002 ***400.00

66429611



07062004 Chg-P CR2E034 (10/03)

4. FEI Number **38-1871057** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHERER, D.A.
3420 NE SUGARHILL AVE
JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent

Name **AR Hayden**
Street Address (P.O. Box Number is Not Acceptable) **3420 NE Sugarhill Avenue**
City **Jensen Beach** FL **34957**

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.

SIGNATURE **AR Hayden** **AR Hayden** **7-6-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HAYDEN, A R	
STREET ADDRESS	3420 NE SUGARHILL AVE	
CITY-ST-ZIP	JENSEN BCH, FL 34957	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	D.A. SCHERER	
STREET ADDRESS	3420 NE SUGARHILL AVE	
CITY-ST-ZIP	JENSEN BCH, FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HOWARD RICE	
STREET ADDRESS	4605 SOUTH OCEAN BLVD., UNIT 7D	
CITY-ST-ZIP	HIGHLAND BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Howard T Rice** **Howard T Rice** **7-6-04** **772-334-1660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #