

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90004 044 ***158.75

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01292004 Chg-P CR2E034 (10/03)

4. FEI Number **59-1226821** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

DEAN, B E
8031 ISLAND DRIVE
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEAN, B E	
STREET ADDRESS	817 ISLAND DRIVE	
CITY-ST-ZIP	PORT RICHEY, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAXTON, PAULA D	
STREET ADDRESS	6909 BEACH BLVD	
CITY-ST-ZIP	HUDSON, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DINGUS, FRANCES M	
STREET ADDRESS	6909 BCH BLVD, LEISURE BC	
CITY-ST-ZIP	HUDSON, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, JENNIFER M.	
STREET ADDRESS	6909 BEACH BLVD	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAXTON, JAMES N	
STREET ADDRESS	6909 BEACH BLVD	
CITY-ST-ZIP	HUDSON, FL	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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	AS, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	James N. Paxton	
CITY-ST-ZIP	6909 Beach Blvd, Hudson, FL 34667	
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: Jennifer M. Smith Jennifer M. Smith 2/6/04 (727) 863-2560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #