2004 FOR PROFIT GORPORATION ANNUAL REPORT

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

1. Entity Nan BOWERS	MENT # 456936 S PUBLISHING COMPANY	OF FLORIDA, INC.					04 90187 0		50.00
9049 CALLA	e of Business WAY DR ICHEY, FL : 34655 US	Mailing Address P O BOX 3867 HOLIDAY, FL 34690	US				17451		, , , , , , , , , , , , , , , , , , ,
O Principal C	None of Division	V. S. Mailine Address:							
z. Principal F	Place of Business	3. Mailing Address		ŀ					JULEAU II HAAF
Suite, Apt.	#, etc. (, -	Suite, Apt. #, etc.		0	2232004	Chg-P	CR2E03	34 (10/03)	
City & Stat	le .	City & State		4.	FEI Number 25-12015	71			oplied For ot Applicable
Zip	Country ⁴	Zip	Country	5.	_Certificate of		<u> </u>	8.75 Add	ditional
	6. Name and Address of Current F	Registered Agent		7.	Name and A	dress of New	Registered A		
BOWERS.			Name					3	
9049 CAL	LAWAY DR		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
NEW POR	RT RICHEY, FL 34655	· · · · · · · · · · · · · · · · · · ·	,			**;			
	1		City			***	FL	Zip Cod	e
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or re	gistered a	igent, or both,	in the State of	Florida. I am fa	ımiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. A (A)		required when		Maria Maria	ACCEPTANT		
5 44 PAGE 2018	2000年1900年,1900年在1900年1月1日 1月1日 1月1日 1月1日 1日 1								
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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 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:

Mark L. BO NATHER AND TYPET) OR PRINTED NAME OF SIGNING OFFICER OR DI

X04-16-04

Daytime Phone #