2004 FOR PROFIT CORPORATION

ANNUAL REPORT					reb 02, 2004 08:00 AN			
1. Entity Nam	MENT # 480339 RLTON GROUP, INC.	·			Seci	retary (of State	
Principal Place 101 SOUTH P.O. BOX 58 WAUCHULA,	6	Mailing Address P.O. BOX 2147 ONICO, FL 34264 US				T	81871 87811881 A 7881	
C	OO NOT WRITE		CE	01122004 4. FEI Numb 59-161		CR2E034 (1		
6. Name and Address of Current Registered Agent SHEARER, LAURA 5205 26TH ST. W. STE. B BRADENTON, FL 34207			DO NOT WRITE IN THIS SPACE					
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 acceptable obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE						ar with, and accept		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0 OFFICERS AND D	ncing \$5.	.00 May Be ed to Fees					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P CARLTON, JOE L NO. FLA AVE WAUCHULA, FL	intections {			U0000 02/04/04	0031609 -80154-01	9 150.00	
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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.

SIGNATURE

SIGNATURE

SIGNATURE

SOLVE THE AND TYPE OF PRIMER OF SIGNING DEFICER OF DIRECTOR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date