## **2004 FOR PROFIT CORPORATION**

**FILED** Feb 11, 2004, 08:00 AM

ANNUAL REPORT					TED 11, 2004 00.00 A			
DOCUM L. Lintely Marrie	MENT # 542242				Seci	retary o	f State	
	IARIE'S, INC.							
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Principal Place	cf Business	Mailing Address	<u> </u>	]				
14 WALTER M		14 WALTER MARTIN						
FI. WALION E	BEACH, FL 32548	FT. WALTON BEACH, FL 3254	8	·				
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				01292004	No Chg-P	CR2E034 (10	V03)	
D	O NOT WRITE	IN THIS SPA	CE	4. FE! Numbe		-	Applied For	
,			da (di 140 tede) Di Shida kaniki	59-175			Not Applicable	
				5. Certificate	of Status Desired		5 Additional authors	
<u> </u>	6. Name and Address of Current Re	egistered Agent		I dia bana		· · · · · · · · · · · · · · · · · · ·	inguis co	
MODONAL								
MCDONALD, CAROL M   302 HOLLYWOOD BLVD SE				DO	NOT W	RITE		
FT. WALTON BEACH, FL 32548				IN 1	THIS SF	MCF	, ,	
<ol> <li>The above r</li> <li>the obligation</li> </ol>	named entity submits this statement for ti ons of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bot	h, In the State of Flo	rida. I am familiar	with, and accep	
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SIGNATURE Syvature typed or printed name of registered agent and title if applicable. (NOTE: Registere			ed Agent signature required	when reinstating)	<del></del>	DATE		
		a Stantan Canada Sia		20	HODOO	1040011		
	E NOW!!! FEE IS \$150.00 ry 1, 2004 Fee will be \$550.00	<ol> <li>S. Election Campaign Final Trust Fund Contribution.</li> </ol>		.00 May Be led to Fees	02/11/04-	104581 1 -80078–009	150.00	
10.	OFFICERS AND DI	RECTORS I						
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T-7_E		· <del></del>					or a serial resolution	
NAME STREET ADDRÉSS								
City-St-ZIP						· "I · i · · · ·		

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 cath; 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.

MUE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: C. C. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR