2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPORT (AR)				FILED
DOCUMENT # 570713 1. Entity Name				Mar 01, 2004 08:00 AM Secretary of State
Principal Place of Business 875 - 11TH DRIVE VERO BEACH FL 32960 US		Mailing Address P. O. BOX 304 VERO BEACH FL 3296 US	1	
2. Principal Place of Business		3. Mailing Address		
Suile, Apt #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 59-1820355 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	None	7. Name and Address of New Registered Agent
EVANS, RALPH L 3355 OCEAN DR VERO BEACH FL 32963			Name Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	tions of registered agent.		egistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept ad when reinstang) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1,1
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DENMARK, THOMAS 5645 W 1ST SQ SW VERO BEACH, FL 00000 32968	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000071838 U3/01/04-80087-005-150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DENMARK, PAMELA 5645 1ST SQ SW VERO BEACH, FL 00000 32968	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, BILLY 685 74TH AVENUE VERO BEACH FL 32968	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, ROD 835-24TH PL SW VERO BEACH FL 32962	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deicte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	I on this report or supplemental report is	true and accurate and that mo wered to execute this report a	y signature shail have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if