

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90063 001 *6,300.00

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01212004 Chg-P CR2E034 (10/03)

4. FEI Number **59-1830507** ☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

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

Signature, typed or printed name of registered agent and title if applicable.

(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	☒ Delete
NAME	HELLER, JOHN	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE	VP	☒ Delete
NAME	MELISSA, WARLOW	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE	T	☒ Delete
NAME	BOX, MATTHEW	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE	S	☒ Delete
NAME	LORD, RONALD	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE	D	☒ Delete
NAME	BENNETT, BRADLEY	
STREET ADDRESS	910 RIDGEBROOK ROAD	
CITY-ST-ZIP	SPARKS, MD 21152	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	☐ Change ☒ Addition
NAME	Harry Grunstien	
STREET ADDRESS	920 Ridgebrook Road	
CITY-ST-ZIP	Sparks, MD 21152	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04

Date

(410) 773-2114

Daytime Phone #

Harry M. Grunstien