## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # 603473  1. Entity Name					FILED  OI, JUL -1 PMII: 18					
FOGLE &	FIEDLER, P.A.				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
				OD AT IL	J 0.,		ns STAL	U V		
Principal Place of Business Mailing Address					c,	ECRETARY	€ F1.0KI	UF		
217 E PLYM0	OUTH AVE.	P.O. BOX 24			1 70	LLAHASSE	her. '			
P.O. BOX 24		DELAND, FL 32721-0024 US			124					
DELAND, FL	32721-0024				1 200 110 0101 41	186 itili <b>elbir isbba</b> illi	51511 F1611 6(6)) 6		201 II IBBI	
A DriveteelD	The second secon	D Mallian Address								
z. Principal P	lace of Business	3. Mailing Address					3 1        1			
Suite, Apt.	# 010	Suite, Apt. #, etc.			-					
duite, Apt.	#, 610.	adite, Apt. #, etc.			06282004	Chg-P	CR2E034	(10/03)	TR	
City & State	e	City & State			4. FEI Number			I IAni	plied For	
ony a onan	~	ony a state			59-1390	975			Applicable	
Zip	Country	Zip	Country				\$8	3.75 Add		
<b>,</b> -	.  ,		,		5. Certificate of	Status Desired		e Required		
?	6. Name and Address of Current	Registered Agent		, <u></u>	7. Name and A	ddress of New Re	egistered Age	ent		
1	La market in the	***	٨	Name	2 1 - 2		*			
J. DANA FOGLE				Timothy R. Fiedler  Street Address (P.O. Box Number is Not Acceptable)						
550 E. PLYMOUTH AVE.			"		18 Silve			•		
DELAND,	FL 32/24				<u> </u>					
	,									
	* <b>(</b>		ا د	Dity <b>D</b>	eLand		FL	Zip Co <b>g</b> e	2724	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered o	office or register	red agent, or both,	in the State of Flo	rida. I am fan	niliar with,	and accept	
the obligat	ions di registered agent.									
CIONATURE		Timer	un R.	FEO LEA	<b>a</b>		6/26/	04		
SIGNATURE_	Signature typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Age	FEO LEA	d when reinstating)		DATE			
					; <b>!</b>	IUI BB	75.45	7.5		
		9. Election Campai	-	g <b> \$5</b>	<b>.00</b> ма <b>⊘е</b> ⊬∏Е,	/0401040		**61.	og l	
Am	ended AR is \$61.25	Trust Fund Cont	ribution.	☐ Add	ted to Fees "		, (,,)(_+ Z		1 <sub>4.0</sub> 4	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND D	RECTORS	EINI 11	
TITLE	PD .	Delete	TITLE	1		TANGES TO OTT		Change	Addition	
NAME	FOGLE, J DANA	L Delete	NAME	VP	D le, J. D	1222	Λ.	<b>A</b> change		
STREET ADDRESS	550 E. PLYMOUTH AVE.		STREET AL							
CITY-ST-ZIP	DELAND, FL		CITY-ST-	ZIP DOT	E.Plymo	utn Ave	•			
TITLE	ST	₩ Delete	TITLE	P D		32/24	F	Change	Addition	
NAME	FOGLE, ALICE M.	ŽŽ Deicis	NAME					_r Change	X Addition	
STREET ADDRESS	550 E. PLYMOUTH AVE.	•	STREET A	DDRESS P.16	dler, Ti	mothy R				
CITY-ST-ZIP	DELAND, FL		CITY-ST-	\Z_TO	Sliver	Branch '	rail		ł	
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		•		DDRESS  218	dler, Ma Silver	Branch '	aret W Trail	•		
STREET ADDRESS CITY-ST-ZIP			STREET A	DDRESS  218	dler, Ma	Branch '	Frail		Addition	
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