2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2004 08:00 AM --Secretary of State **DOCUMENT # 604374** EVERETT H. DUDLEY, JR., P.A. Mailing Address Principal Place of Business 21767 HIGH PINE TRAIL 21767 HIGH PINE TRL US BOCA RATON, FL 33428 BOCA RATON, FL 33428 %2,0/30666666F& No Chg-P CR2E034 (10/03) 01242004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1476802 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUDLEY, EVERETT H, JR DO NOT WRITE 2424 N. FEDERAL HWY SUITE 314 IN THIS SPACE BOCA RATON, FL 33431 5. 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) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 77TT F U000000019131 NAME DUDLEY, EVERETT JR 01/29/04-80012-018 150.00 STREET ADDRESS 21767 HIGH PINE TRAIL CITY-ST-ZIP BOCA RATON, FL TIFLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7173<u>1</u>E NAME STREET ADDRESS CITY-ST-ZIP mle 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 superiemental report is trubened 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 repersor or superiemental to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if champed, or on an attact ment with an address, with allictive like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ER OF DIRECTOR