2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 08:00 AM

1. Entity Nam	MENT # 654478 KLIN RITCH, P.A.				Secretar	y of State
,	e of Business IXTH STREET , FL 32601	Mailing Address 1418 N.W. SIXTH STREET GAINESVILLE, FL 32601		1 (BEXX E E		BIEST BIEST BIEST BIEST BIEST BIESTSBIEST II (B'EST
	O NOT WRITE	AE	01052004	No Chg-P	CR2E034 (10/03)	
				FEI Number 59-197 Certificate		Applied For Not Applicable \$8.75 Additional Fee Required
1418 N.W.	6. Name and Address of Current R FRANKLIN SIXTH STREET ILLE, FL 32601	egistered Agent			NOT W THIS SP	di ladada e a la la la a a e e l
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. Signature. Signature. Sport or provide name of registered agent and title 4 applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
18. THE NAME STREET ADDRESS CHY-SI-ZIP THEE NAME STREET ADDRESS CHY-SI-ZIP	OFFICERS AND D PD RITCH, FRANKLIN R 1418 NW SIXTH STREET GAINESVILLE, FL	RECTORS	*******		01/20/04	006179 80054-012 150.00
BIRE NAME SIPET ADDRESS CITY-SI-ZIP HRE					NOT W THIS SF	
NAME STREET ADDRESS DITY-ST-DP HITLE NAME STREET ADDRESS DITY-ST-ZIP					. :	· · · · · · · · · · · · · · · · · · ·
RELE NAME STREET ADDRESS			e e e e e e e	ensements to sent	an kanus di Kadabahan ada Ak adaddadda	

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 cortify 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 empreneered 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 attactor and the properties with all other like empowered.

SIGNATURE;