2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

ANNUAL REPORT (AR)						FILED			
DOCUMENT # 656864 1. Entity Name						Feb 02, 2004 08 Secretary of		M	
DES MEIS	STER'S, INC.				7				
Principal Plac	e of Business	Mailing Address							
RAYMOND TURNER 180 HILLTOP PL ALTAMONTE SPRINGS FL 32701-7604		RAYMOND TURNER 180 HILLTOP PL ALTAMONTE SPRINGS FL 32701-7604				! (0.01)			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #, etc				MOORE CR2EC	034 (11/03)		
City & State		Oity & State		4.	FEI Number 59-2872016	} 	pplied For of Applicable		
Zιρ	Country	Zip	Cour	etry	5.	Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Register	ed Agent		
TIE	RNER, RAYMOND E			Name				_	
180	HILLTOP PL AMONTE SPRINGS FL 327	01-7604		Street Addres	ss (P.O.	Box Number is Not Acceptable)			
				City			Zip Cod	de	
	named entity submits this statement for irons of registered agent.	r the purpose of changing it	s register	ed office or regi	stered a	igent, or both, in the State of Florida. To	am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agont	end title if applicable (NO	ITE Regislere	d Agent signature req	ured when	reinstating) DA)E		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	l State				Slection Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND		11.		ΑI	L DDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 11	
MILE	P	☐ Delete	TER.	£			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	TURNER, RAYMOND E 180 HILLTOP PL ALTAMONTE SPRINGS FL 32701			E ET ADDRESS '-ST-ZIP		02/00/00/00/29021 02/04/04—80050	006 150.C	00	
TITLE		☐ Delete	1811			110000000000000000000000000000000000000	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				E ET ADDRESS '-ST- <i>I</i> SP					
TITLE		☐ Delete	TITL	{			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				EE EET ADDRESS '-ST-ZIP					
TITLE NAME		☐ Delete	TITL NAM	Œ	·		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-DP					
TITLE NAME STREET ADDRESS		☐ Delete	Total Nam Stri	- I			☐ Change	☐ Addition	
CRY-ST-ZIP		57		-ST-23P					
TITLE NAME STREET ADDRESS		☐ Delete	TATL NAM STRE	 			☐ Change	☐ Addition	
CRTY - ST - ZIP				-ST-ZIP					
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp , or on an attachment with an address,	this filing does not qualify for true and accurate and that owered to execute this report with all other like empowered 1 12 V	or the exe my signa rt as requi d.	imption stated in ture shall have t ired by Chapter	Section he same 607, Flor		certify that the at I am an office ars in Block 10 c		

20 Jan 04 (407) 2602660