FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90127 007 ***150.00

2004 FOR PROFIT CORPORATION

ANNUAL REPORT												
DOCU 1. Entity Nan J. BRIAN	ne	# 676936 NC.					24045544					
Principal Plac	ce of Busines	ss	Mailing Address					44	0400	17		
85501 OLD			85501 OLD HWY									
ISLAMORAD	A, FL 3303	6 US	ISLAMORADA, FL 33036 US									
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2. Principal f	Place of Busi	ness	3. Mailing Address									
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Suite, Apt			Suite, Apt. #, etc.			04102004	Cha 🗈	C00F	004 /+0/00			
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	DRA, E	γ 	MT DORA, FL Zip Country				59-20	16260			ot Applicable	
32757	7	Country	32757	5. Certificate of Status Desired			S8.75 Additional					
							Fee Required					
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
KING, J. E	BRIAN											
85501 OL					Street Address (P.O. Box Number is Not Acceptable)							
ISLAMORADA, FL 33036												
			•		1200 EAST 5th AVE							
•						City MT DORA,				Zip Code		
O /The shave			16		MT DO	ORA	<i>,</i>			- 327	57	
the oplica	e named enti tions of regis	ty submits this statement for stered agent.	the purpose of changing its	register	ed office or re	egisteri	ed agent, or bo	oth, in the State of F	lorida. I am	familiar with,	and accept	
3			* · * · · · · · · · · · · · · · · · · ·						· **-			
SIGNATURE.			· · · · · · · · · · · · · · · · · · ·									
	Signature, typed	d or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	α 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 \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND (DIRECTORS	11.			ADDITIONS	/CHANGES TO OF	FICERS AN	DIRECTOR	SINTI	
TITLE	PST	Ē					☐ Change	Accition				
NAME	KING, J. BRIAN					KI	NG, J	BRIAN			-	
STREET ADDRESS						120	00 EAS	T 5th AV	E			
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12. Thereby certify that the information supplies with this filling 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 supplies with this filling 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 supplies with a grad 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 received 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 without an address.												
BRIAN KING 4/14/69												
SIGNAT	URÈ.		₽ J ^B B	KIAN	ı KING	<u>'</u>		7114109			Í	
17-11		SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER	OR DIRECT	ОЯ			Date		Daytime Phone #		