## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 🗹

Pro. BOX 385 P.O. BOX 385 CENTURY F. 32535  2. Principal Place of Business Suite, Apr. #, etc Suite, Apr. #,	1. Entity Nam			Secretary of State									
P.O. BOX 395 CENTURY FL 32535  2. Principal Place of Business  Suite, Apt. #, etc  Sui			<del></del>										
CENTURY FL 32595  2. Principal Flace of Business  Suite, April F, etc.  City & State  City & State  Country  City S, State  Country  City S, State  Country  City S, State  S, Centricate of Status Desired  Fee Required  F	·						1						
Suite, April #, state  City & State  City & State  City & State  Country  City & State  Country  City & State  Country  Country  City & FL  Zip Code										: 1181 State willis	, Miller Miller Beste	***************************************	
City & State    Country   Country   Country   S. Certificate of Status Desired   S.75 Acidisma, Fee Required   S. Name and Address of Current Begistered Agent   S. Certificate of Status Desired   S. To Acidisma, Fee Required   S. Name and Address of Current Begistered Agent   S. Certificate of Status Desired   S. To Acidisma, Fee Required   S. Name and Address of Now Registered Agent   S. Certificate of Status Desired   S. To Acidisma, Fee Required   S. Name and Address of Now Registered Agent   S. Certificate of Status Desired Now Registered Agent   S. Certificate of Registered Agent   S. Cer	2. Principal F	Place of Business	3. Ma	3. Mailing Address									
Section   Sect									RE	CR2E034	, ,		
6. Name and Address of Current Registered Agent  DE VORE, LORINE 1641 MOLINO ROAD MOLINO FL 32577  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  ONE STREET ADDRESS  CITY-S1-2P  RAINES, MARILLYN J  SIRET ADDRESS  OFFI-S1-2P  RAINES, MARILLYN J  SIRET ADDRESS  OFFI-S1-2P  OFFICERS AND DIRECTORS  ITILE  OP  ONE STREET ADDRESS  CITY-S1-2P  OFFI-S1-2P  OCHANGE  STREET ADDRESS  CITY-S1-2P  ITILE  OP  ONE STREET ADDRESS  CITY-S1-2P  OCHANGE  STREET ADDRESS  CITY-S1-2P  ITILE  ODElete  ITILE  ORDERS  ONE STREET ADDRESS  CITY-S1-2P  ITILE  ORDERS  STREET ADDRESS  CITY-S1-2P  TO CAMPARIA  STREET ADDRESS  CITY-S1-2P  TO CAMPARIA  STREET ADDRESS  CITY-S1-2P  TO CAMPARIA  STREET ADDRESS	City & Stat	te 	City	City & State			4. FE	4. FEI Number 59-2101090 Applied F Not Applied					
DE VORE, LORINE 1641 MOLINO ROAD MOLINO FL 32577  City  FL  Zip Code  Sirest Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  City  City  FL  Zip Code  City	Zıp	Country		Zip Co		ntry	5. Ce	ertificate of State	us Desired				al
DE VORE, LORINE 1641 MOLINO ROAD MOLINO FL 32577  City FL Zip Code  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 act the obligations of registered agent.  SIGNATURE  Signature hypote or printed ragnet of impressor agent and title 4 profitables  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Priorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OCHANGES  STREET ADDRESS  CITY-ST-2P  TITLE  Deale  TITLE  TITLE  Deale  TITLE  TITLE  Deale  TITLE  Deale  TITLE  TITLE  Deale  TITLE  Deale  TITLE  TITLE  TITLE  TITLE  TITLE  Deale  TITLE  TITLE  Deale  TITLE  TITLE  TITLE  TITLE  Deale  TITLE  TITLE		6. Name and Addre	ess of Current Register	ed Agent		None	7. Na	me and Addre	ss of New R	egistered	Agent		
MOLINO FL 32577    City   FL   Zip Code			)				is (P.O. Bo	x Number is No	it Acceptable	<del>)</del>			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent.  SIGNATURE								·					<u> </u>
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent.  SIGNATURE    Signature Synator printed name of registered agent agent size if registered agent agent segretative required when registered agent in the State of Florida. I am familiar with, and active obligations of registered agent.    FILE NOW!!! FEE IS \$150.00						Cily		···		FI	Zip Ci	ode	
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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 certify that the information does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information does not provide the composition of the 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 directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered	12. I hereby of indicated of the core	rporation of the receiver	or trustee empowered to	execute this repor	or the exe my signa t as requi	mption stated in ture shall have th	Section 11 ne same leg 307, Florida	9.07(3)(i), Flori gal effect as if r a Statutes; and	da Statutes. I nade under o that my name	further ce bath, that t a appears	rtify that the am an offic In Block 10	e information of the contract	nation lirector ck 11 if

**FILED** 

Feb 20, 2004 08:00 AM

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