2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #700822



Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90225 047 ****61.25

FILED

Principal Place of Business 21500 GBRAITER DRIVE PORT CHARLOTTE, FL 33952 2. Principal Place of Business Sulfe, Apt. #. etc. 2. Principal Place of Business Sulfe, Apt. #. etc. 3. Mailing Address Sulfe, Apt. #. etc. 4. FEI Humbor 59-1386294 Applied For 59-1386294 Applied For 59-1386294 Applied For For Required
Suite, Apt. 6, etc. City & State Country Zip Country Sp. 75 Additional Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE Filling Fee is \$61.25 Due by May 1, 2004 Put Compalign Financing Trust Fund Contribution. Added to Fees Finds Department of State Added to Fees Finds Department of State Added to Fees Finds Department of State Added to Fees Finds Department of State Change Added to Fees Finds Department of State Change Added to Fees Finds Department of State Change Chan
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Signature Sign
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 accept the obliquations of registered agent. SIGNATURE Signature, hyped or printed name of requitered agent and the applicable. Philing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fee Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE HALL, NICKI SIRET ADDRESS 785 W. TARPON BLVD. CITY-ST-2P PORT CHARLOTTE, FL 33952 TILE VT WWE HALL ST PORT CHARLOTTE, FL 33954 TILE VT VACOBS, JON STRET ADDRESS 244 FERDON CITCLE STRET ADDRESS 3527 Exic CT. North Port, Pl 34287 TILE ST WWE MAGIERA, KELLY WWE MAGIERA, KELLY 10. Change 10. Change 10. Modition 10. Chang
JACOBS, MARILYN 4566 HERMAN CIRCLE PT. CHARLOTTE, FL 33948 City FL Zip Code
Street Address (P.O. Box Number is Not Acceptable) 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 accept the obligations of registered agent. Signature Si
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 PT Added to Fees SIGNATURE SIRETADORESS TOFFICERS AND DIRECTORS IN 10 Change Change SIGNATURE SIRETADORESS TRUE SIRETADORESS TRUE SIRETADORESS SIRETAD
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 accept the obligations of registered agent. SIGNATURE Signature, typed or pritted name of registered agent and stile if approache. Filling Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE HALL, NICKI STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952 TITLE VT Delete TITLE VT Delete TITLE VT Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33954 TITLE VT Delete TITLE NOR +h Port, PI 34857 Delete Delete TITLE VT Delete TITLE VT Delete TITLE VT Delete TITLE NOR +h Port, PI 34857 Delete Delete Delete TITLE NOR +h Port, PI 34857 Delete Delete Delete TITLE NAME MAGIERA, KELLY
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Signature typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE
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STREET ADDRESS 15682 APPLEWHITE CIRCLE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33981 CITY-ST-ZIP
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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 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.