2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State

Mailing Address Mailing Ad	Principal Place of Business 17 SOUTH PALAFOX STE 335	IMEST ELORIDA INC	THE	ŧ		*61.25
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Name and Address of New Registered Agent Name and Address of New Registered Agent Name	Zip Country	_Zip		5. Certificate of Status Desire		
Street Aggress (E.D. Boy Number is Ny Acceptable) The above nameticentry 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. The above nameticentry 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, 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, 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, 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, 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 F				7. Name and Address of Ne	w Registered Agent	
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Filing Fee is \$61.25 Due by May 1, 2004 D. OFFICERS AND DIRECTORS DIE BOW HALLEY AVE DESTRUCTORS DESTRUCTO		agent and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)	DATE	
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SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (850)432-990 Date Descriptions