

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

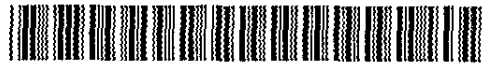
**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 751907  
 1. Entity Name  
 EIGHTEEN SEVENTY-TWO SOUTH TRAIL, INC.



Principal Place of Business: 1872 S TRAIL, STE D, VENICE, FL 34293  
 Mailing Address: 1872 S TRAIL, STE D, VENICE, FL 34293

**DO NOT WRITE IN THIS SPACE**



03122004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2223519 Applied For / Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BERG, SKIP  
 1872 S TRAIL, STE D  
 VENICE, FL 33595

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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000091738  
 03/18/04-80021-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BERG, SKIP 1872 S TAMiami TRAIL, STE D VENICE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALE, LARRY 188 KING PALM CT VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATNICK, IRMA 7472 DICKENS DRIVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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)(f), 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.

SIGNATURE: W. Berg 3/12/04 941-493-0871  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #