## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2004 8:00 am Secretary of State

Mailing Address  3170 MCMULER BOOTH ROAD CLEARWATER, FL 34621  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & CLEARWATER of Status Desired  Fee Required  Fee
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1052004 Chg-NP CR2E037 (10/03)  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5, Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required Fee Required FUNDAMED C. LUCK IE  Street Address IF By Nymber State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE Filling Fee is \$61.25 Due by May 1, 2004  Delete  The Applied Fee State  In Applied Fee State  O1052004 Chg-NP  Country  S, Certificate of Status Desired Street Address of New Registered Agent Fee Required Fee Required Fee Required Fee Required THERNTON C. LUCK IE  Street Address IF By Nymber State of Florida. I am familiar with, and act the obligations of registered agent.  In CITY STATES C. LUCK IE  Filling Fee is \$61.25 Due by May 1, 2004  Delete  Title  P Change Added to Fees Ricci John Name Ricci John Rake check payable to Florida Delete Title Ricci John Ricci State Ricci Address Ricci Address Ricci Address Ricci Address Ricci State Ricci John Ricci John Ricci State Ricci State Ricci Address Ricci Address Ricci Address Ricci Address Ricci State Ricci State Ricci State Ricci State Ricci State Ricci State Ricci Address Ricci State Ricci St
City & State  A. FEI Number 59-2201979  S. Certificate of Status Desired  \$8.75 Additional Fee Required  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name
Signature   Sign
S. Name and Address of Current Registered Agent  6. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  THORNTON C. LUCKIE  Street Address IP & Dox Number is Not Acceptable)  City CLEARWATER, FL 33761  City CLEARWATER, FL 33761  Street Address IP & Dox Number is Not Acceptable)  City CLEARWATER  FL -Zip 33376  City Clearwater  FL -Zip 3337
POINTER, JAMES to 1700 MCMILLIAM BOOTH-RD-CLEARWATER, FL 33761  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  FILING Fee is \$61.25  Due by May 1, 2004  PILIC JOHN  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILLE  MAME  MICU, JOHN  ITILE  PALM HARBOR, FL 346858  TILLE  VP  GOODMAN, JULEE  NAME  GOODMAN, JULEE  ITILE  NAME  GOODMAN, JULEE  NAME  NAME  STREET ADDRESS  NAME  NAME  GOODMAN, JULEE  NAME  STREET ADDRESS  TILLE  VP  GOODMAN, JULEE  NAME  NAME  NAME  NAME  NAME  NAME  NAME  GOODMAN, JULEE
POINTER, JAMEG E  9179 MGMILLIAM BOOTH RD CLEARWATER, FL 33761  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  FILING Fee is \$61.25  Due by May 1, 2004  10. OFFICERS AND DIRECTORS:  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILLE  PALM HARBOR, FL 346858  TILLE  VP  GOODMAN, JULEE  Street Address PS Box Number; Shot Acceptable). CT.  City CLEARWATER.  FL Zip Sadd Acceptable). CT.  City CLEARWATER.  Street Address Ps Box Number; Shot Acceptable). CT.  City CLEARWATER.  Street Address Ps Box Number; Shot Acceptable Acceptable.  City CLEARWATER.  City Clear Address Ps Box Number; Shot Acceptable Acceptable.  City Clear Acceptable.  City Cl
Street Address IP & Do N Number is Not Acceptable)  City CLEARWATER FL 39761  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 act the obligations of registered agent.  SIGNATURE  Filling Fee is \$61.25  Due by May 1, 2004  Prust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILLE  PALM HARBOR, FL 346858  CITY-ST-2IP  PALM HARBOR, FL 346858  STREET ADDRESS  CITY-ST-2IP  TILLE  VP  GOODMAN, JULEE  Street Address IP & Do Number is Not Acceptable)  CT.  City CLEARWATER FL 25 PARWATER FL 2- Zip 32376 / Care the street of Florida. I am familiar with, and act the obligations of registered agent. or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  (NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee is \$61.25  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  Florida Department of State  Florida Depar
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 act the obligations of registered agent.    Theartal C. Lucule   Full content of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.
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 act the obligations of registered agent.    Theartal C. Lucule   Full content of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.
the obligations of registered agent.  SIGNATURE  SIGNATURE  Filing Fee is \$61.25  Due by May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  STREET ADDRESS CITY ST-ZIP  NAME  NAME  GOODMAN, JULEE  THORNTON C. LUCKIE  I- 23-04  INC. LUCKIE  I- 23-04  IMake check payable to Added to Fees  Florida Department of State  Florida De
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    Filling Fee is \$61.25   9. Election Campaign Financing Due by May 1, 2004   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Florida Department of State.
Filing Fee is \$61.25 Due by May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME GOODMAN, JULEE  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME NAME OOODMAN, JULEE
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STREET ADDRESS  1743 STABLE TRAIL  CITY-ST-ZIP  PALM HARBOR, FL 346858  CITY-ST-ZIP  TITLE  VP  GOODMAN, JULEE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  VP/S  NAME
CITY-ST-ZIP PALM HARBOR, FL 346858 CITY-ST-ZIP  TITLE VP TITLE VP TITLE VP/S NAME GOODMAN, JULEE NAME
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NAME GOODMAN, JULES NAME
STREET ADDRESS 1140 FAIRWAY DRIVE STREET ADDRESS
CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP
TITLE S Delete TITLE Change A
NAME STREET ADDRESS 14801-SNAP-DRACON RD STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP TAMPA, FL 33635
TITLE D Delete TITLE Change A
NAME MADER, DAVID
STREET ADDRESS 1810 MARINER DR #406 STREET ADDRESS
CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP
TITLE D Delete TITLE TREASURE DIRECTOR DESCRIPTION
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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 Direct 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR