2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #766299**



FILED Jan 12, 2004 8:00 am Secretary of State

Principal Place of Business Mailing Address Mailing Address D199 N. CITRUS SPRINGS, FL. 34434 D198 N. CITRUS SPRINGS, FL. 34434 D198 N. CITRUS SPRINGS BLVD. SIEET MORESS CITETA DORSS CITETA DORSS CITRUS SPRINGS BLVD. SIEET MORESS CITETA DORSS SIEET MORESS CITRUS SPRINGS BLVD. SIEET MORESS SIEET MORESS SIEET MORESS SIEET MORESS SIEET MORESS BLVD. CITRUS SPRINGS BLVD. SIEET MORESS SIEET MORESS SIEET MORESS SIEET MORESS SIEET MORESS SIEET MORESS SIEET MOR
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1082004 Chg-NP CR2E037 (10/03) City & State City & State City & State City & State Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PFRRING-EUGENE LESR 10199 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 City 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 affice or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature Signature, typed or private from of Imguistered agent and title 4 applicable. (NOTE Registered Signature required when reinstifting) DATE Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Conflibution. Address (P.O. Box Number is Not Acceptable) Make check payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME SIREET ADDRESS CITY-SI-ZIP CITRUS SPRINGS BLVD. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 CITY-SI-ZIP CITRUS SPRINGS BLVD. CITRUS SPRINGS BLVD. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 CITY-SI-ZIP CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 CITY-SI-ZIP CITRUS SPRINGS, FL 34434
City & State Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRINO, EUGENE LESR 10199 N. CITRUS SPRINGS BLVD. CITRUS SPRINGS, FL 34434 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, Special or Perticular name of registered agent and title if regishands. (NOTE Registered Agent signature required when remidistring) Date Filing Fee is \$61.25 Due by May 1, 2004 PERSINO, EUGENE L TITLE CD Delete TITLE Delete TITLE LOTION CHARGES, FL 34434 CITY-SI-Zip CITRUS SPRINGS, FL 34434 CITY-SI-Zip CITRUS SPRINGS SIDVD CITRUS SPRINGS SIDVD CITRUS SPRINGS SIDVD CITRUS SPRINGS SIDV
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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 obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Addition FILE NAME FIELD, GEORGE L FINANCE SIGNATURE STD FILE CD FILE CD FILE CD FILE CD FILE CTP Clange Addition FILE CD FIREFARDRESS CITY-ST-2P CITRUS SPRINGS, FL 34434 CITY-ST-2P CITRUS SPRINGS FL 34434 CITY-ST-2P CITRUS SPRINGS FL 34434
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the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Filling Fee is \$61.25 Due by May 1, 2004 PITUE STD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITUE STD FIELD, GEORGE L SIREET ADDRESS CITY-ST-ZIP CITRUS SPRINGS, FL 34434 TITLE CD Delete ITTLE CD Delete TITLE Delete Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete TITLE Delete Delete Delete TITLE Delete Delete Delete
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.