

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90051 020 ***150.00

44004076



01092004 Chg-P CR2E034 (10/03)

4. FEI Number
72-0172600

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

☐ ☐

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LANDES, RONALD A 354 SOUTH HAMILTON STREET TELFORD, PA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZBYSZINSKI, CECILIA M 117 WINTER DRIVE NORTH WALES, PA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENS, MARTHA C 652 W. ST. ANDREWS DRIVE MEDIA, PA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDES, GREGORY S 206 SOUTH ALLENTOWN ROAD TELFORD, PA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINNER, FREDERICK C 729 Salford Station Rd Schwenksville, PA 19473	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENS, GREGORY R 562 MELVINS ROAD TELFORD, PA	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAUSS, Frederick R 208 Aldrin Avenue Lansdale, PA 19446	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Winner, Frederick C 1339 Cedar Ave East Earl PA 17519	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CECELIA M. ZBYSZINSKI

215-
1/15/04 723-3044