2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2004 08:00 AM

| ANNUAL REPORT | | | | | Secretary of State | | | |
|--|--|---------|----------|-----------------------------------|--|-------------------------|----------------------|--|
| 1. Entity Name | MENT # F020000035 | 21 | | | ٥ | જ્યાં હાસા | iy oi State | |
| Principal Place of Business 580 E. MAIN STREET, SUITE 300 NORFOLK, VA 23510 Mailing Address 580 E. MAIN STREET, NORFOLK, VA 23510 | | | UITE 300 | | : | RIO MURII MUIUE IIIPI M | | |
| DO NOT WRITE IN THIS SPA | | | | 03032004 4. FEI Numb 54-196 | 03032004 No Chg-P CR2E034 (10/03) 4. FEI Number | | | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| the obligati | named entity submits this statement for those of registered agent | | | gistered agent, or bo | th, in the State of F | orida. I am fami | tar with, and accept | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution | | | | \$5.00 May Be Added to Fees | | | | |
| TID. TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AND DII PSD WHEELER, JON S 580 E MAIN STREET, SUITE 300 NORFOLK, VA 23510 CT PERRINE, HARRISON J 580 E MAIN STREET, SUITE 300 NORFOLK, VA 23510 | RECTORS | | | 04/05/04 NOT W | /RITE |)S 150.00 | |
| NAME STREET ADDRESS | | | | | | | | |

12. Thereby 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:

CHY ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

3/3/04

(157)427-9088