2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

DOCUMENT # F03000004457

1. Entity Name

Principal Place of Business

SIGNATURE:

FARRAGUT LAW GROUP, PROFESSIONAL CORPORATION

FILED Feb 25, 2004 8:00 am Secretary of State

02-25-2004 90042 019 ***150.00

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1601 FORUM CENTURION WEST PALM	TWŔ	E 11TH FLOOR 33401	1601 FORUM PL., CENTURION TWF WEST PALM BEA	}							
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			MOORE CR2E03	34 (11/03)			
City & State			City & State	City & State			FEI Number 05-0585999	<u> </u>	olied For Applicable		
Zip Country			Zip	Zip Country			5. Certificate of Status Desired See Required Fee Required				
	6. Name	and Address of Curre	nt Registered Agent			7. Name and Address of New Registered Agent					
		· · · · · · · · · · · · · · · · · · ·	a company of	<u>.</u>	Name _	المنافعة والمنافعة المنافعة المنافعة والمنافعة					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525						dress (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											
JIGINATORE	Signature, typed	or printed name of registered ago	ent and title if applicable.	(NOTE: Registere	ed Agent signature req	uired when re	einstating) DATE	Ī			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.	Added	O May Be to Fees		
10.		OFFICERS AN	ID DIRECTORS	11.		ΑD	ODITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	IN 11		
TITLE	PSD		☐ Delete	TITL	.E			Change	☐ Addition		
NAME	KOCHES,	PAUL A		NAM	AE			·			
STREET ADDRESS	1601 FOR	UM PL., SUITE 11TH F	FLOOR	STR	EET ADDRESS						
CITY-ST-ZIP	WEST PAI	LM BEACH FL 33401		CITY	Y-ST-ZIP						
TITLE			Delete	TITL	.E			Change	Addition		
NAME				NAN	AE .						
STREET ADDRESS CITY-6T-ZIP		•	,e •	8	EET ADDRESS Y-ST-ZIP	•	•	* ·	-		
TITLE			☐ Defete	TITL	.E	•		☐ Change	☐ Addition		
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STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP				CITY	Y-ST-ZIP						
TITLE			☐ Delete	TITL	E			☐ Change	Addition		
NAME				NAA	ME						
STREET ADDRESS	1			STR	EET ADDRESS						
CITY-ST-ZIP				CITY	Y-ST-ZIP						
TITLE			☐ Delete	TITL	LE			☐ Change	Addition		
NAME				NAN	ME						
STREET ADDRESS				STR	REET ADDRESS						
CITY-ST-ZIP				CIT	Y-ST-ZIP						
TITLE	<u> </u>		☐ Delete	TIT	LF.			☐ Change	Addition		
NAME			_ Delete	, IAI,							
STREET ADDRESS					REET ADDRESS						
CITY-ST-ZIP	1				Y-ST-ZIP						
indicated of the co	t on this repo	ort or supplemental repo the receiver or trustee er	rt is true and accurate and	d that my signa report as regu	ature shall have :	the same	n 119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; tha rida Statutes; and that my name appea	it I am an officer	or director		

Paul A. Koches

2/05/04

Date

(561) 682-8256

Daytime Phone #

oder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR