2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F03340

FILED Mar 05, 2004 8:00 am Secretary of State

03-05-2004 90019 032 ***150.00

☐ Addition

1. Entity Nam HENDRY	, STONER, DELANCETT &	BROWN, P.A.							
Principal Place of Business 200 EAST ROBINSON STREET SUITE 500 ORLANDO, FL 32801 Mailing Address 200 EAST ROBINSON STREET SUITE 500 ORLANDO, FL 32801 Mailing Address 200 EAST ROBINSON STREET 200 EAST ROBINSON STREET 32801			REET		94025069				
2. Principal Place of Business 20 NORTH ORRECT				NUF	; ; ; ; ;				
City & Stat	#, etc. = 407	Suite, Apt. #, etc. Suite 407 City & State			4. FEI Number		CR2E03	———	plied For
3280	Country	Zip	Country		59-2048 5. Certificate of	f Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	jent	
	_		Name						
BROWN, G. STEVEN 200 EAST ROBINSON STREET SUITE 500 ORLANDO, FL 32801			Street A	Street Address (P.O. Box Number is Not Acceptable)					
			<u>Sui</u>	Suite 407.					
8. The above the obligat	named entity submits this statement for ions of registered agent.	and title if applicable. (NOTE:	Registered Agent signate	BROW ure required v	when reinstating)	, in the State of F	DATE	miliar with,	and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaig Trust Fund Contrib		\$5.U Adde	00 May Be d to Fees	· 	_		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OF	FICERS AND !	DIRECTORS	3 IN 11
TITLE	-DP	☐ Delete	TITLE	1				☐ Change	Addition
NAME	HENDRY, ROBERT R.		NAME	100	11 100	200- 1		1/2 /	1
STREET ADDRESS	200 E ROBINSON ST		STREET ADDRESS	20	V. UKP	inge Au	ie., su	176 6	10/
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP						
TITLE	DST DICHARD D	☐ Delete	TITLE					Change	Addition
NAME CINCET ADDRESS	STONER, RICHARD D. 505 DERRY DOWN DR.		NAME STREET ADDRESS	201	N DRA	noe A	Se. 511.	ite 4	67
STREET ADDRESS CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	1001	ando.	nge Al	2001	, .	,
	OKEANDO, LE		· · · · · · · · · · · · · · · · · · ·	OKI	MOUL	7º C 3			☐ Addition
NAME		Delete	TITLE NAME					□ Change	L Audition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME			NAME					-	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	1		CITY-ST-ZIP	1					

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Daytime Phone #