2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
1. Entity Nam	MENT # F63520 CORPORATION				Secre	tary or s	race	
Principal Place 12393 BELC 450 LARGO, FL		Mailing Address 12393 BELCHER ROAD 450 LARGO, FL 33773 US						
	33773 03	U						
	O NOT WRITE	IN THIS SPA	CF	0121200		CR2E034 (10		
				4. FEI Num 59-22	nber 229975	Ì	Applied For Not Applicable	
				WANT TO THE	ate of Status Desired	\$8.7 Fee R	5 Additional equired	
6. Name and Address of Current Registered Agent						2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2		
WALL, BARRY L. 12393 BELCHER ROAD # 450 LARGO, FL 33773				lulu salah sakebal de H	NOT W			
	named entity submits this statement for tions of registered agent. Signature, upped or printed name of registered agent.			egistered agent, or t	both, in the State of Pi		r with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution				\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS		ily) y x k ork		vile (web. velèlule) vivile (vivile) (viv		
TITLE NAME	PTD WALL, BARRY L					ing a farigada (1		
STREET ADDRESS	12393 BELCHER ROAD # 450				Inaa	mn12 43 4		
CITY-ST-ZIP	LARGO, FL 33773	<u> </u>			01/26/0	00012939 4-90028-0	15 158.75	
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STREET ADDRESS	12393 BELCHER RD #450							
CITY-ST-ZIP	LARGO, FL 33773				jajajahan dikaseksi j		THIS STATEMENT OF S	
TITLE NAME								
STREET ADDRESS				no	NOT W	RITE	and propressed and the control of th	
CITY-ST-ZIP				ରି ଅବଧାର ପ୍ରତି ଓଡ଼ିଆ ନାୟ ହିନ୍ଦ୍ର ଜନିଆ ମଧ୍ୟ	sama manda manana sahata ar i	S. Parlament and the		
title Name				i i i i i N.	THIS SF	'AUE		
STREET ADDRESS City-St-Zip								

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 an other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BARRY L. WALL

01/22/04 (72

(727)530-3000

Date

Daytime Ptions #