

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90218 025 ***150.00

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04152004 Chg-P CR2E034 (10/03)

4. FEI Number **52-2195614** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ (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	DP	<input type="checkbox"/> Delete
NAME	HOOPIS, MICHAEL P	
STREET ADDRESS	23 CORPORTATE PLAZA # 246	
CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHORTT, ROBERT A	
STREET ADDRESS	23 CORPORATE PLAZA # 246	
CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE	V	<input type="checkbox"/> Delete
NAME	BISSON, RICHARD P	
STREET ADDRESS	23 CORPORATE PLAZA # 246	
CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	STREUFERT, VICTOR C	
STREET ADDRESS	23 CORPORATE PLAZA # 246	
CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE	D	<input type="checkbox"/> Delete
NAME	RASP, ROBERT J	
STREET ADDRESS	6000 CONDOR DR	
CITY-ST-ZIP	MOORPARK, CA 93021	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MAIN, SUSAN L	
STREET ADDRESS	6000 CONDOR DR	
CITY-ST-ZIP	MOORPARK, CA 93021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/S TIPTON, RICHARD
STREET ADDRESS	23 CORPORATE PLAZA, #246
CITY-ST-ZIP	NEWPORT BEACH, CA 92660

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: *Robert J. Rasp* 4/16/04 805.529.2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT J. RASP Date Daytime Phone #