2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 06, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # (07-06-2004 90009 022 ***550.00			
Principal Plac 6640 CONGE NEW PORT R	4	}	Mailing Address 6640 CONGRESS ST NEW PORT RICHEY, FL	J		33030110			
2. Principal P	lace of Business		3. Mailing Address						
SCOTEM. MCPHERSON DA			SCOTT M. M. Su 5723 MAIN ST	A.			14(16E) H (EB)		
SUSTEM MCPHERSON, P.A. 5723 MAIN STREET			NEW PORT		Chg-P	CR2E034 (10/03) -		
NEW PORT RICHEY, FL 34652			City & State		4. FEI Numb 59-232		 +	Applied For Not Applicable	
Zip	Co	puntry	Zip	Country		of Status Desired	\$8.75 A	ditional	
	6. Name and	Address of Current F	Registered Agent	Alassa	7. Name and	Address of New R	egistered Agent		
	SON, SCOTT N	A SCOT	TM. McPHERSON,					·	
6640 CONGRESS ST. 5723 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653									
•	į.	. /)	City			FL Zip Co	de	
	named entity sub-	nits this statement for agent.	the purpose of changing its r	registered office or re	egistered agent, or bo	oth, in the State of Flo	rida. I am familiar witi	n, and accept	
SIGNATURE.	Signature, type or prin	mn	nd like if applicable. (NOTE	Registered Agent signature	required when reinstating)		7/1/04		
FILE No. 1 FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution.									
10.		OFFICERS AND D		11.			CERS AND DIRECTO		
TITLE NAME	PTD	, SCOTT M	☐ Delete	TITLE P	7 D SCOTT M 5723 MAI	I. MCPHERSO N STREET	N Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	6640 CÖNGRE NEW PORT RI	SS ST.		STREET ADDRESS CITY-ST-ZIP		RT RICHEY, I	FL 34652		
TITLE	1		☐ Delete	TITLE			☐ Change	☐ Addition	
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NAMÉ STREET ADDRESS	1 #			NAME STREET ADDRESS	•				
CITY-ST-ZIP	**		/ 	CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify fir the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is firme 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 review or flustee employeered to execute this eport 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 employeed.									
SIGNATURE: TREST MO PRESIDENT 1/1/04(27)848 8992									
		MATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER O			Date	Daytma Phone		