2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G71917

FILED Jul 02, 2004 Secretary of State

3491 S US UNIT 17, S' FT PIERCE Current Ma P.O. BOX 1 FT. PIERCI FEI Number: Name and NELSON, [3491 S. U.S	E, FL 349793569 US	New Principal Place o New Mailing Address:	
UNIT 17, S' FT PIERCE Current Ma P.O. BOX 1 FT. PIERCE FEI Number: Name and NELSON, E 3491 S. U.S	TATE FARMERS MARKET E, FL 34982 US ailing Address: 13569 E, FL 349793569 US 59-2350057 FEI Number Applied For ()		
P.O. BOX 1 FT. PIERCI FEI Number: Name and NELSON, [3491 S. U.S	13569 E, FL 349793569 US 59-2350057 FEI Number Applied For ()		
FT. PIERCI FEI Number: Name and NELSON, [3491 S. U.S	E, FL 349793569 US 59-2350057 FEI Number Applied For ()) FEI Number Not Applicable()	
Name and NELSON, [3491 S. U.S) FEI Number Not Applicable ()	
NELSON, [3491 S. U.S	Address of Current Registered Agen		Certificate of Status Desired ()
3491 S. Ú.S		t: Name and Address of	New Registered Agent:
	e, FL 34982 US named entity submits this statement for of Florida.	the purpose of changing its registered	office or registered agent, or both,
SIGNATOR	Electronic Signature of Registered	d Agent	 Date
	e with s. 607.193(2)(b), F.S., the corporation of the corporation of the corporation (contribution (did not receive the prior notice.	
	S AND DIRECTORS:	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DEV () Delete NELSON, BETTY E.V.P. 2002 EDGEVALE ROAD FT. PIERCE, FL 34982 US	Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	P () Delete NELSON, DONALD V PRES. 2510 NEWPORT DR. FT. PIERCE, FL 34982 US	Title: (Name: Address: City-St-Zip:) Change ()Addition
Title:	DVS () Delete NELSON, DERRICK K V.P-SAL 1225 WYOMING AVE.	Title: (Name: Address: City-St-Zip:) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.