2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 08:00 AM Secretary of State

ANNOAL NET ON I							Secretary of State				
1. Entity Nam	MENT # G e home and	76795 BUILDING MA			Secre	iai y o	i Sta	ic.			
Principal Place of Business			Mailing Address								
1251 NE 27 TERR			1251 NE 27 TERR								
POMPANO BEACH, FL 33062			POMPANO BEACH, FL 33062								
2. Principal Place of Business			3. Mailing Address) 	i i i i i i i i i i i i i i i i i i i	 	11 0 21 011011 011011		
Suite, Apt. #, etc.			Suite, Apt. #, etc. City & State			02282004 4. FEI Number	Chg-P	CR2E034	<u> </u>	plied For	
City & State Zip Country		Intri)	Zip Country			59-2376	284			t Applicable	
Ζ.[ρ	Country		Zip Godini y		uy	5. Certificate of	Status Desired		e Required		
	6. Name and A	ddress of Current Re	gistered Agent			7. Name and A	daress of New R	egistered Ag	ent		
					Name						
ANDERSON, RICHARD H., JR. 1251 NE 27 TERR POMPANO BEACH, FL 33062					Street Address (P.O. Box Number is Not Acceptable)						
					City FL			Zip Code	3		
							1 2 2 15				
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											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						.00 May Be led to Fees					
10.		OFFICERS AND DI	DIRECTORS 11.			ADDITIONS/C	HANGES TO OFF			SIN 11	
TITLE	DP		☐ Delete TITL				Linnana	ነፈ ምምነት ጋ ድ	Change	☐ Addition	
NAME			NAM		e Et address	U00000155826 05/05/04-80053-010 150,00					
STREET ADDRESS 1251 NE 27 TERR CITY-ST-ZEP POMPANO BEACH, FL 33062			1 - · · · ·		-ST-7IP	American American and a supplemental material and the supplement of the supplement o					
TITLE			☐ Delete IIILI						Change	Addition	
NAME			NAM					_	•	_	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP						
TITLE	Delete fill					<i>μ</i>			Change	Addition	
NAME				NAM	E						
STREET ADDRESS					ET ADORESS -ST-ZIP						
CITY-ST-ZIP	□ Delete Tin.								Change	☐ Addition	
NAME	NAN				1			•			
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE	☐ Delete Ditte							ι	Change	Addition	
name Street address					ET ADDRESS						
CITY-ST-ZIP					-\$1-ZiP						
TITLE	☐ Delete Tift.								Change	Addition	
NAME				NAM	-						
STREET ADDRESS CITY+ST-ZIP			/		ET ADDRESS -ST-ZIP						
	certify that the solor	nation supplied with th	is filling flats not qualify for			ection 119 07/31/0	Florida Statutes	I further certifi	v that the in	formation	
12. I hereby certify that the information supplied with this filing coes not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this report or supplied that it is true and accurage 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 of trustee employeered 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 employeered.											