2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2004 08:00 AM Secretary of State

DOCUMENT # G96988 1. Entity Name RUSSELL W. MASTERSON, P.A.				Secretary of State			
Principal Plac 5150 TAMIA STE 201 NAPLES, FL	MI TRL N	failing Address % STEVE CLARK, CPA 700 11TH ST. S. (PH3) NAPLES, FL 34102 US					
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		- The state of the		4. FEI Numb		_	Not Applicable
	و المراجع المعادي المع	A Reference of the second seco		5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Current Regis	stered Agent	an este or of the spiritual section of	Marie Constitution of the	を記るされたないである。 を記ることはないできる。 では、これでは、 では、 では、 では、 では、 では、 では、 では、	what is a figure	
15395 RO' NAPLES, I	Property of registered agent.	purpose of changing its registe	red office or registe	in:	NOT WI	ACE	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	if applicable. (NOTE, Registe	ed Agant signature require	d when reinstating)		DATE	! -
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing\$5.0		.00 May Be	000000 04/14/04-6	112180	150.00
10.	OFFICERS AND DIRE	CTORS	3.12.4				oggjinh i Marakana
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NAME

STREET ADDRESS

CITY-ST-2IP

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 fevort 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.

12. I hereby certify that the information supplied with this filling 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: Y

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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(237) 596-476