2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State
1. Entity Nam	MENT # H11824	<u> </u>		Secretary of State
	e of Business EBRASKA AVE 33612	Mailing Address 11310 N. NEBRASKA AVE TAMPA, FL 33612		t tumpill? Wind colline i colline i colline i mint neuri mint neuri mint mint mint mint mint mint mint min
C	O NOT WRITE	·· , ·: — · •	CE	04062004 No Chg-P CR2E034 (10/03) 4. FEI Number
STEWART, WALTER B., JR. 11310 N. NEBRASKA AVE TAMPA, FL 33612				DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and title if explicable. (NOTE, Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
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TO. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D PD STEWART, WALTER B, JR. 12431 KELSO RD THONOTOSASSA, FL 33592	IRECTORS		U00000107545 04/09/04-80019-011 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-51-ZIP		7		<u> </u>
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 thet 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 executively provide 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 miles empowered.				