## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Principal Place of Business 1062 ETH AVE SOUTH US AVENUE	DOCUMENT # H67588  1. Entity Name					Feb 07, 200 Secretai	08:0 ry of S	00 AN tate
NAME OF THE NOW!! FEE IS \$150.00  8. The above named entry submits the statement for the propose of changing its registered agent, or both, in the State of Ponde. I an familiar with, and accept fixe of ingressed agent.  8. The above named entry submits the statement for the purpose of changing its registered agent, or both, in the State of Ponde. I an familiar with, and accept fixe obligations of registered agent.  9. The above named entry submits the statement for the purpose of changing its registered agent, or both, in the State of Ponde. I an familiar with, and accept fixe obligations of registered agent.  9. The above named entry submits the statement for the purpose of changing its registered agent, or both, in the State of Ponde. I an familiar with, and accept fixe obligations of registered agent.  9. FILE NOW!! FEE IS \$150.00  After May 1, 2004 Fee Will be \$550.00  Make Check Psyable to Bronds are of registered agent.  10. 2. GEPTICERS AND EXPENSION.  SINKE ACCEPT STATE STA	KING JAI	MES - NAPLES, INC.						
Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired   Salton Desired   S	Principal Plac	ce of Business	Mailing Address					-
Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  MOORE CR2694 (11/03)  Applied For NAA Acciliation of September 1 (11/03)  Applied For NAA Acciliation of September 1 (11/03)  Annual Address of Current Registered Agent  COLE, R. JOHN, III 1605 MAIN ST.  SARASOTA FL 33577  City  FL 2/0 Code  The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent, or both, in the State o	NAPLES FL 34102 SARASOTA FL			V BLVD		8 (888)811 Bill bill) daman milat intervent skell bil	SIC BIBIT BIBIT BIBIT BIS	111 <b>22</b> 1 74 <b>122</b> 1
City & State  City & State  City & State  Country  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Signature  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  COLE, R. JOHN, II 160S MAIN ST. STIP  STREAM Address of Po. Box Number is Not Acceptable)  Street Address (P. O. Box Number	2. Principal Place of Business		3. Mailing Address					
September 2 Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
Special Country	City & State		City & State			4. FEI Number 59-2576004	}——	·
COLE, R. JOHN, II 1605 MAIN ST. S-110 SARASOTA FL 33577  City FL Zo Code  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 Flonda. I am familiar with, and accept fits obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept fits obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Epinda Department of State  MAIN DEPARTMENT OF STATE  MONTONEY, JAMES VERNON  MAIN STRET AGRESS  ON STRET A	Zφ	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add	iitional
COLE, R. JOHN, II 1605 MAIN ST. S-1110 SARASOTA FL 33577  City  FL Zip Code  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 Flonda. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWITI FEE IS \$150.00 After May 1, 2004 Fee will be \$55.00 Make Check Payable to Plorida Department of State  10.  - OFFICIENS AND, DIRECTORS  INIT.  10.  - OFFICIENS AND, DIRECTORS  MAKE  MONTONEY, JAMES VERNON STREET ADDRESS  ANABOTA FL OTY-S1-ZP  MAKE  MONTONEY, JAMES CHERYL  STREET ADDRESS  CITY-S1-ZP  TITLE  Delete  ITTLE  Delete		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registere	<del></del>	
Street Address (P.O. Box Number is Not Acceptable)	00	E B 10131 11		Name				<b>-</b> •
S-1110 SARASOTA FL 33577  City FL Zip Code  8. The above named onthy submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE    Suphina hyped or premied name of registered agent and filled applicative agent and filled applicative agent and filled applicative.   FILE NOW!!! FEE IS \$150.00	COLE, K. JOHN, II 1605 MAIN ST			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
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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  FILE NOW!!! FEE IS \$150,00  After May 1, 2004 Fee will be \$550,00  Make Check Payable to Floridal Department of State  10.	SAF	1ASUTA FL 33577		City			■ Zin Cod	
SIGNATURE  Signature typed or primed name of registered agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  SOFTICERS AND DIRECTORS  TITLE  D  ONTONEY, JAMES VERNON  MAKE  MONTONEY, JAMES VERNON  STRET ADDRESS  CITY-ST-2P  TITLE  DS  AARASOTA FL  Delde  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  Delde  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  Delde  TITLE  Delde  TITLE  Delde  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  Delde  TIT	O Yhanka							
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FILE NOW!!! FEE IS \$150.00	SIGNATURE	Signature, typed or printed name of registered agent	and title if anothcable (NCSF)	Registered Agent signature		then repostational DATE		<u></u>
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10.	Make Check Dayable to Elevida Department of State			ar of the second	وديد دينت	Trust Fund Contribution.		
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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 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR.

Daytime Phone #