2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

DOCUI 1. Entity Nam PILCHER				04-19-2004 90323 026 ***150.00							
Principal Place 5360 MCINTO SUITE 122 SANFORD, FL	OSH POINT	Mailing Address P.O. BOX 520177 LONGWOOD, FL 3275 2	BOX 520177				1 	2404 	160'	75	
Principal Place of Business 3. Mailing Address											
Suite, Apt.		Suite, Apt. #, etc.				04082004	Chg-P	CR2E034 (1			
City & State		Cily & State				4. FEI Number 59-2595	219			plied For Applicable	
Zip	Country	Zip	Count	ry		5. Certificate of	Status Desired		5 Addi Required		
	6. Name and Address of Current Regi	stered Agent		Name	-	7. Name and A	ddress of New R	legistered Agent			
BARNES, STEVE A. 1900 S. PARK AVENUE SANFORD, FL 32771				Street Address (P.O. Box Number is Not Acceptable)							
			ľ	City		FL Zip Code					
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and this				J	ed agent, or both,	in the State of Flo	orida. I am familia	ir with, a	and accept	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaig Trust Fund Contrit		√ь 🔲	\$5. Adde	00 May Be ad to Fees	Т	<u> </u>		-	
10.	OFFICERS AND DIRE		11.		t	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRE	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BARNES, STEVE II 4325 MELLOWVILLE AVE SANFORD, FL 32773	□ Dèléte		T ADDRESS ST-ZIP		~ =	-		hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES,STEVE 1900 S. PARK AVENUE SANFORD, FL	☐ Delete		T ADDRESS ST-ZIP	·	,		<u> </u>	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARNES; ANN 1900 S. PARK AVENUE SANFORD, FL	Delete		T ADDRESS. ST-ZIP				c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARNES, JOHN 535 REDDITT ROAD OSTEEN, FL	☐ Delete		T ADDRESS ST- ZIP					hange	Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VP SHELTON, CYNTHIA 4233 MEETING PLACE SANFORD, FL 32773	☐ Delete		T ADDRESS ST-ZIP				c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNES, RICHARD D. 1900 S. PARK AVENUE SANFORD, FL 32771	Delete		T ADDRESS ST-ZIP		Sheryl I			hange	Addition	

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:	Sty. A. Barnes
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR