## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 09, 2004 8:00 am Secretary of State 03-09-2004 90020 028 \*\*\*150.00

Making Address 303 N. CHIRCH ST. (MOKMIS, FL. 34275  SURe, Apr. etc.  Principal Place of Business  3. Mailing Address Sure, Apr. etc.  O1272004  Chy-P  CR2E034 (10/03)  Applied For Not North State of Business  Sure, Apr. etc.  O1272004  Chy-P  CR2E034 (10/03)  Applied For North State of State Only & Sta	. Entity Name	MENT # J11653 surroundings, inc.			
OROMIS, FL 34275 Notions 3. Making Address Subject of Business			<u> </u>		7
NORMON, FL 34275  NORMON, FL 34233  NORMON, FL 34275  NORMON, FL 3	incipal Place	of Business	Mailing Address		T W. 1/ 14 A A O 1 C 2 2 2
Suite, Apt. #, etc.    O1272004   Chg.P   CA2E034 (10/03)	03 N. CHURO	THIST.	603 N. CHURCH ST.	and the control of th	44016323
City & State  Country  Cou	Principal Pl	ace of Business	3. Mailing Address		
Supplied	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272004 Chg-P CR2E034 (10/03)
S. Certification of Status Desired   Fee Required			City & State		
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip 	Country	Zip	Country	
Sirect Address (P.O. Box Number is Not Acceptable)  Sirect Address (P.O. Box Number is Not Acceptable)  Sirect Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  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 acceptable or the obligations of registered agent.  (INTER agence Agent signature required when remained)  FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFIC		6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
Sirest Address (P.O. Box Number is Not Acceptable)    City	CLAFLIN	JOHN B.			
In 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.    Comparison of 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.    Comparison of registered agent.   Comparison of 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the part of the part of Florida. I am familiar with, and accept the part of Florida. I am familiar with, and accept the part of Florida. I am familiar with, and accept the part of Florida. I am familiar with, and accept the part of Florida. I am familiar with and accept the part of Florida. I am familiar with and accept the part of Florida. I am familiar with and accept the part of Florida. I am familiar with and accept the part of	2530 LOGAN ROAD			Street Address	s (P.O. Box Number is Not Acceptable)
SIGNATURE    FILE NOW!!! FEE IS \$150.00				City	Zip Code
The obligations of registered agent.    Common	The above	named entity submits this statement for	or the purpose of changing its	registered office or regis	
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    Ad	SIGNATURE		and title if applicable. (NOTE	E: Registered Agent signature requi	red when reinstating) DATE
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    O. OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE   DP   CLAFLIN, JOHN B.   MAME	<del></del>				
TITLE CLAFLET JOHN B. CLAFLIN, JOHN B. Z530 LOGAN ROAD Z530 LO	After Ma	ay 1, 2004 Fee will be \$550.	OO Trust Fund Cont	ribution.	dded to Fees
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changed, or on an attachment with ah address, with all other like empowered.	12. I hereby of indicated of the core	Learning that the into the supplied with on this report or supplied with poration of the recent of artistee empty, or on an attachment with an address.	h this filing does not qualify fo is true and accurate and that r powered to execute this report with all other like empowered	r the exemption stated in my signature shall have the as required by Chapter (	Section 119.07(3)(i), Florida Statutes. I further certify that the information ne same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if