## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 06, 2004 8:00 am Secretary of State

1. Entity Name	MENT # J50508 SOLUTIONS, INC.	, e		02-06-2004 90032 028 ***150.00
Principal Place of Business 2086 E EDGEWOOD DR LAKELAND, FL 33803-3640 US		Meiling Address C/O JOHN WING 2337 N CRYSTAL LAKE DR LAKELAND, FL 33801-6571		
Principal Place of Business  Suite, Apt. #, etc.		3. Matting Address Clo. Darviel P. Joley Suite Apt. Hogto.		
		+315 Drangewood Cir.		01302004 Chg-P CR2E034 (10/03)
City & State		City & State Land, Jl.		4. FEI Number Applied For 59-2755802 Not Applied For
Zip	Country	Zip (	Country U.S.A.	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
WING, JOHN H				Joley Daviel P.  Bress (P.O. Box Number is Not Acceptable)  1315 Orangewood Cir. *
			City	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 Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE DANIEL P. FOLEY Daniel Toly Signature, typed or printed name of registered upont and 19th of stypicable. (NOTE: Registered Agent algorithm required whos clinicating)  OATE  OATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
111LE Name Street address City-St-Zip	DCEO HOUGHTALING, SAMUEL V. 2024 JOHN ARTHUR WAY LAKELAND, FL	<b>⊡</b> Deiexte	NAME	VT Joley, Daviel P. +315 Drangewood Cie. Lareland, J. 33813
TITLE Name	DVST WING, JOHN H.	. Delete	NAME 1	DVS Grange Addition
street address City-St-Zip	2337 N. CRYSTAL LK DR. LAKELAND, FL		STREET ADDRESS C	Gleny Cove Tourshouses #46 2020 E. Edgewood De. Laxeland, J. 33803-
TITLE NAME STREET ADDRESS	DP COX, JAMES W. 6416 RUNNING BEAR DR.	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP	
TITLE · NAME STREET ADDRESS CITY - ST - ZIP	D SCHMIDT, MICHAEL B. 2342 MAPLE HILL DRIVE LAKELAND, FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. Thereby 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.				