

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90003 044 ***150.00

94002053



01082004 NoChg-P CR2E034(10/03)

4. FEINumber 59-2796471	AppliedFor NotApplicable
5. CertificateofStatusDesired ☐	\$8.75 Additional FeeRequired

DO NOT WRITE IN THIS SPACE

6. NameandAddressofCurrentRegisteredAgent

MASTERSON, FRED J.
19622 E COUNTY HWY 450
P.O. DRAWER 1050
UMATILLA, FL 32784

**DO NOT WRITE
IN THIS SPACE**

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept
theobligationsofregisteredagent.

SIGNATURE _____ (NOTE:RegisteredAgentsignaturerequiredwhenre-instating) DATE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. ElectionCampaignFinancing
TrustFundContribution, ☐ **\$5.00** MayBe
AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	DP
NAME	MASTERSON, FRED J., JR.
STREETADDRESS	19622 E COUNTY HWY 450
CITY - ST - ZIP	UMATILLA, FL
TITLE	
NAME	
STREETADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. IherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation
indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath,thatIamanofficerordirector
ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an
changed,oronanattachmentwithanaddress,withallotherlikeempowered, dthatmynameappearsinBlock 10orBlock 11if

SIGNATURE:

Fred Masterson
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR

Date

DaytimePhone#

1-12-04