2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # J72566				~		01 ~ 0000
1. Entity Nan NORTHE INC.	ne EAST GREENBELT CONSULT.	ANTS OF FLORIDA,				
Principal Plac	ce of Business	Mailing Address		1		
127 TIMBER		127 TIMBER LANE				
PALATKA, FI	L 32177	PALATKA, FL 32177	İ			
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	O NO! WHILE!	V.E.	4. FEI Number		Applied For	
				59-2872402	···	Not Applicable \$8.75 Additional
	and the second s	A CONTRACTOR OF THE STATE OF TH		5. Certificate of Status	Desired	Fee Required
	6. Name and Address of Current Reg	istered Agent		general a compare	e Table 1 garden d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DENTON.	EDWARD J.			DO NO	T 34/F31T	
127 TIMBE	ER LANE	 	DO NO	i AALKII	C	
PALATKA,	, FL 32177		IN THIS	SPAC		
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	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or registere	ed agent, or both, in the S	State of Florida. 1 ar	n familiar with, and accept
				·-		The second section is
SIGNATURE.	Signature, typed or printed name of registered agent and the	e il applicable. (NOTE: Registere	d Agent signature required	when reinstating)	DATE	
		9. Election Campaign Finar	olog AF	00		
FIL After M	E NOW!!! FEE \$ \$150,00 ay 1, 2004 fee will be \$550.00	Trust Fund Contribution.		00 May Be		
10.	OFFICERS AND DIRE	CTORS	1	350		
TITLE	D DENTON MARQUA SECU		<u> </u>			,
NAME STREET ADDRESS	DENTON, MARSHA BECK 127 TIMBER LANE		l	4.4	nnnnnni zaa	
CITY-ST-ZIP	PALATKA, FL 32177	en e			00000001289 6/04-80030	-021 150.00
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STREET ADDRESS CITY-ST-ZIP	127 TIMBER LANE	ì	•		_ ,	
TITLE	PALATKA, FL 32177	<u></u>	•		<u>.</u>	-
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CITY-ST-ZIP		<u></u>		- DO NO	I AALTII	E .
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NAME (
STREET ADDRESS		i				<u>.</u> (
CITY-ST-ZIP	artify, that the last		فتعتب	Some with a set of		THE WAY OF THE PARTY.
	ertify that the information supplied with this to this report or supplemental report is true containing or the receiver or trustee employees					
or the corp	poration or the receiver or trustee empowers or on an attachment with an address, with a	d to execute this report as require the other like empowered.	ed by Chapter 607,	Florida Statutes; and the	t my name appears	in Block 10 or Block 11 if
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SIGNAT		D NAME OF SIGNING OFFICER OR DIRECTO	11-71 (gr el)	enton 1-8	_ =	1.040.0400
		The second services on surgerial	*** ***	, Cate		Caylime Phone #