## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 12, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # K42425 ETION MAN, INC.				v	
Principal Place of Business         Mailing Address           2020 QUEEN ST         2020 QUEEN ST           SUITE 22         SUITE 22           FORT MYERS, FL 33917         US			5 <u>1</u> 121			
DO NOT WRITE IN THIS SPACE  5. Name and Address of Current Registered Agent				04082004 4. FEI Numb 65-014	No Chg-P	
SHUDLICK, JON LARSEN 2020 QUEEN ST FORT MYERS, FL 33917				DO NOT WRITE IN THIS SPACE		
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  Signature, typed or printed name of registered agent and little if applicable.  (NOTE: Registered Agent signature required when reinstating)  OATE						
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.		00 May Be ed to Fees	000000109040 04/12/04-80027-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHUDLICK, JON LARSEN 2020 QUEEN ST STE 22 N FORT MYERS, FL 33917	CTORS				
NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME					NOT WRITE THIS SPACE	
STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	- <u>- 25-</u> <u>- 25 25 </u>	<u> </u>		·		
indicated of the con	certify that the information supplied with this fir on this report or supplemental report is true a poration or the receiver or trustee empoyerer or on an attachment with an address, with all	and accurate and that my signatu of to execute this report as require	nption stated in Secure shall have the sed by Chapter 607.	clina 119 07/3V	ii), Florida Statutes. I further certily that the information at as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if	