

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90683 001 \*\*\*150.00  
04-19-2004 90683 002 \*\*\*\*\*8.75

**66412762**



04142004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2920671**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

HUNDLEY, CHARLES D  
5770 W. IRLO BRONSON HWY.  
SUITE 129  
KISSIMMEE, FL 34746

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME HUNDLEY, MONTY  
STREET ADDRESS 5770 WEST IRLO BRONSON MEMORIAL HWY.  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE VSD ☒ Delete  
NAME HUNDLEY, CHARLES D  
STREET ADDRESS 5770 WEST IRLO BRONSON MEMORIAL HWY.  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition  
NAME Charles D. Hundley  
STREET ADDRESS 5770 W. Irlo Bronson Hwy, Ste 129  
CITY-ST-ZIP Kissimmee, Fl. 34746

TITLE Vice- President ☐ Change ☒ Addition  
NAME Gregory C. Hundley  
STREET ADDRESS 5770 W. Irlo Bronson Hwy, Ste 129  
CITY-ST-ZIP Kissimmee, Fl. 34746

TITLE Treasurer ☐ Change ☒ Addition  
NAME Darlene Newman  
STREET ADDRESS 5770 W. Irlo Bronson Hwy, Ste 129  
CITY-ST-ZIP Kissimmee, Fl. 34746

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby 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.

SIGNATURE: Charles D. Hundley **Charles D. Hundley** 4/15/04 407 397 9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #