Suite, Apl. #, etc.  Suite, Apl. #, etc.  Suite, Apl. #, etc.  City & State  City & St		Secretary of Sta 02-06-2004 90036 034 ***150				<b>ANNUAL</b> T # K53815 ELS, INC.	DOCUN Entity Name
Suite, Apt. #, etc.       Suite, Apt. #, etc.       01082004       ChgP       CR2E034 (11003)         City & State       City & State       4. FE Number 59-2951323       An         Zip       Country       Zip       Country       S. Certificate of Status Desired       SE.75, Au         State       . Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         SHARD, BYRON 1950 MAINOLIA CR TAVARES, FL 32778       . Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         Share made anthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 ant familiar with, the obligators of registered agent, or both, in the State of Florida. 1 ant familiar with, the obligators of registered agent, or both, in the State of Florida. 1 ant familiar with, the obligators of registered agent, or both, in the State of Florida. 1 ant familiar with, the obligators of registered agent, or both, in the State of Florida. 1 ant familiar with, the obligators of registered agent, or both, in the State of Florida. 1 ant familiar with, the obligators of registered agent, or both, in the State of Florida. 1 and familiar with, state fruit contribution	IRCIANO (1 1001	anna anar anna anna ann ann ann ann ann		I	700 E. BURLEIGH BLVD	VD.	700 E. Burle
City & State       City & State       App         City & State       City & State       4. FEI Number         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75, Add Fee Required         S. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         Streng Address (C. Daw Number is Not Acceptable)       Streng Address (C. Daw Number is Not Acceptable)       Streng Address (C. Daw Number is Not Acceptable)         Streng Address (C. Daw Number is Not Acceptable)       Streng Address (C. Daw Number is Not Acceptable)       Streng Address (C. Daw Number is Not Acceptable)         City DEST IN       FL       Zip.200 MAI IN STREET, SUITE 9         City DEST IN       FL       Zip.200 MAI IN STREET, SUITE 9         City DEST IN       FL       Zip.200 MAI IN STREET, SUITE 9         City DEST IN       FL       Zip.200 MAI IN STREET, SUITE 9         City DEST IN       FL       Zip.200 MAI IN STREET, SUITE 9         City DEST IN       FL       Zip.200 MAI IN STREET, SUITE 9         City DEST IN       FL       Zip.200 MAI IN STREET, SUITE 9         City DEST IN       FL       Zip.200 MAI IN STREET, SUITE 9         City TONNER       Site Added to Fees       MAdded to Fees         Site Ad					3. Mailing Address	usiness	. Principal Pla
Zip     Country     Zip     Country     Sig. 75 Add Sig. 75 A			01082004 C		Suite, Apt. #, etc.		Suite, Apt. #
	Applied For Not Applicable			, <b>"</b> ,	City & State		City & State
Name got MARD, BYRON got MARONULA CR AVARES, FL 32778       Name JAMES_C_WASSON         Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 250 MAIN_STREET, SUITE 9         City DESTIN       FL         City DESTIN       FL         Street Address (P.O. Box Number is Not Acceptable)         City DESTIN       FL         City DESTIN       FL         Street Address of registered agent.         IGNATURE       Delete       ThL         Address of registered agent.       Delete       ThL		of Status Desired  Status Desired  Fee Required	5. Certificate of Stat	Country	Zip	Country	Zip
HARD, BYRON Stor MAGNOLLA CR AVARES, FL 32778		Address of New Registered Agent	7. Name and Addre	Name	gistered Agent	ame and Address of Current F	
		SSON	ES C WASSO	JAM			HARD, BY
The above named entity submits this statament for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, the obligations of registered agent.  ONATURE GNATURE GNATU	P.O. Box Number is Not Acceptable) AIN STREET, SUITE 9		250 1				
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, the obligations of registered agent.  IGNATURE  IGNATURE	de 1/1	FL Zip Code	T N	City			
IGNATURE Strature, typed or picted neme of registered agent and the # applicable. NOTE: Registered Agent tagnable: required whith minimating) DATE Strature, typed or picted neme of registered agent and the # applicable. NOTE: Registered Agent tagnable: required whith minimating) DATE After May 1, 2004 Foe will be \$550,00  0.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  0.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  CITY-ST-2P  CITY-ST-	n, and accept		tered agent, or both, in th	egistered office or regist	e purpose of changing its r	entity submits this statement for	. The above r
AME     Order, N.S.     Non.       TREET ADDRESS     1177 UNIVERSITY DR       TRUE     D       AWE     WASSON, JAMES C.       9823 BLACK HORSE RUN RD     STREET ADDRESS       FORT MILL, SC     CITY-ST-ZP       TILE     D       AWE     RASS, MENDEL WALKER       TREET ADDRESS     27 KNIGHT'S BRIDGE LANE       HILTON HEAD ISLAND, SC     CITY-ST-ZP       TILE     D       AME     Delete       TITE     AME       RAST, MENDEL WALKER     STRET ADDRESS       TITY-ST-ZP     CITY-ST-ZP       HILTON HEAD ISLAND, SC     CITY-ST-ZP       TITE     Delete       NAME     STRET ADDRESS       TITY-ST-ZP     CITY-ST-ZP       TITE     Delete       TITE     Delete       TITE     Delete       TITE     Delete       TITE     Delete       TITE     Change       NAME     STRET ADDRESS       CITY-ST-ZP     CITY-ST-ZP       TITE     Change       NAME     STRET ADDRESS       TITE ADDRESS     CITY-ST-ZP       TITE     Delete       NAME     STRET ADDRESS       CITY-ST-ZP     CITY-ST-ZP       TITE     Chang			Ided to Fees	n Financing <b>\$</b> bution.	9. Election Campaig Trust Fund Contri	111 FEE IS \$150.00 004 Fee will be \$550.0	TATE FILE
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2. 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 initiated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the initiated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	Addition Addition Addition Addition Addition Addition	Change	ADDITIONS/CHAN	Duttion.       A         11.       TTLE         TTLE       NAME         STREET ADDRESS       CITY-ST-ZIP         TITLE       NAME         STREET ADDRESS       CITY-ST-ZIP	Trust Fund Contri	004 Fee will be \$550.0 OFFICERS AND I AR. S. JNIVERSITY DR LEY, PA ON, JAMES C. BLACK HORSE RUN RD MILL, SC MENDEL WALKER IGHTS BRIDGE LANE N HEAD ISLAND, SC SC 2000 PM 100 SC 20	After Ma After Ma D. TLE ME RET ADDRESS TY-ST-ZIP TLE ME RET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.	Addition Addition Addition Addition Addition Addition Addition Addition Information er or director	Change	ADDITIONS/CHAN	11.         TTLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TTLE         NAME         STREET ADDRESS         CITY-ST-ZIP	Trust Fund Contri RECTORS	OFFICERS AND I OFFICERS AND I OFFICERS AND I INIVERSITY DR LEY, PA ON, JAMES C. BLACK HORSE RUN RD MILL, SC MENDEL WALKER IGHTS BRIDGE LANE IGHTS BRIDGE LANE IN HEAD ISLAND, SC	A C FILE After Ma After Ma D. LE SET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP I I I I I I I I I I I I I

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