2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nan	MENT # K59406 TEVENS & COMPANY				Mar 01, 2004 Secretary	08:00 AM
Principal Plac	ce of Business	Mailing Address				
818 N DIXIE HWY 818 N DIXIE HWY						
LAKE WOR	TH FL 33460	#5 LAKE WORTH FL 33 US	LAKE WORTH FL 33460			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt #, etc.  City & State		Surie, Apt #. etc.  City & State				34 (11/03)
City a state		Oity & State			4. FEI Number 65-0094869	Applied For Not Applicable
Zıp	Country	Zıp	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name		7. Name and Address of New Registered	d Agent
STEVENS, CHRIS						
105	18TH AVENUE NORTH (E WORTH FL 33460	•	Stree	Address (	P.O. Box Number is Not Acceptable)	
			City		F	Zrp Code
8. The above	named entity submits this statement for	or the purpose of changing it	s registered office	or register	red agent, or both, in the State of Florida. I ar	
the obligations of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agont	and title if applicable (NO	TE Registered Agent sig	nature required	d when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
10 <sub>z</sub>	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11
TITLE NAME	D STEVENS, CHRIS	☐ Delete	TITLE NAME	Ì	: recording a manage	☐ Change ☐ Addition
STREET ADDRESS	105 18TH AVE NO.		STREET ADDRES	s	02/09 <b>/1/</b> 09/ <b>953</b> 02/09/ <b>1/</b> 00/20-0	71 150 00
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP			-1 100:00
TITLE		☐ Delete	TITLE	ŀ		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	s l	U0000 <b>0071859</b> 03/U1/04 <b>-80087-0</b>	us see an ii
CITY-ST-ZIP			CITY-ST-ZIP		U3/U1/U4-8UU81-U.	14 150.00
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	,		
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>	
TITLE		☐ Delete	LILLE			☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	,		
CITY-ST-ZIP			C(TY-ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	.		
CITY-ST-ZIP		A	CITY-ST-ZIP	<b>^</b>		
12. I hereby certify that the information supplied with this tring 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 legion 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 this terminal effect is 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 attress, and all other like empowered.						
SIGNATURE: Why Who SKIT-600/						
	SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		Date	Daytime Phone #

FILED.