2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nan	MENT # K64723 ARDNER JACOBS, P.A.			1.3	Secretary	or State
4915 SOUTI	HFORK DRIVE	lailing Address 4915 SOUTHFORK DRIVE LAKELAND, FL 33813 US			FFR 115524 STRIT STRIT SKRIT AFR	(4 212): B 72/4 0) (4 210)
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03102004 No Ch 4. FEI Number 59-2914663 5. Certificate of Status D	tesired 7 \$8.	C EVERY WIESSEEN IN CHES
JACOBS, DALE GARDNER 4915 SOUTHFORK DRIVE LAKELAND, FL 33813			DO NOT WRITE IN THIS SPACE			
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 life if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent Printed Comparison of Printed Contribution) 9. Election Campaign Financing Trust Fund Contribution.			icing _ \$5.	00 May Be ad to Fees	U00000109119	119 150 00
10.	OFFICERS AND DIRE	CTORS	I.; ·	- 1 177	127114-0111311-1	13/1/11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D JACOBS, DALE G. 4915 SOUTHFORK DRIVE LAKELAND, FL 33813		<u>-</u>	-	-	-
STREET ADDRESS CITY+SI-ZIP TITLE						
name Street address City -St - Zip		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s		IN THIS	SPACE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
IITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 regords the and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee eath powered 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: SIGNATURE: SIGNATURE AND TUBED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR TOTAL Date Dayline Prions #						