2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # K79055 Enlity Name PACESETTER ENTERPRISES, INC.

FILED Apr 20, 2004 08:00 AM Secretary of State

Principal Place of Business Mailing Address



DO NOT WRITE IN THIS SPACE

2019 CENTRE POINTE BLVD

TALLAHASSEE, FL 32308

SUITE 101

CR2E034 (10/03) 04072004 No Chg-P

4. FEI Number	 	Applied For
59-2943235		Not Applicabl
5. Certificate of Status Desired	\$8.7 Fee F	Additional uired

6. Name and Address of Current Registered Agent

MOTTICE, JOHN P 2019 CENTRE POINTE BLVD SUITE 101 TALLAHASSEE, FL 32308

2019 CENTRE POINTE BLVD

TALLAHASSEE, FL 32308

SUITE 101

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida, I am familiar with, and accept		
SIGNATURE_	Signature typed or printed name of registered agent and title	Lapplicable (NOTE Registered	Agent signatur	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	11000000		
¥ 10.	OFFICERS AND DIREC	CTORS			U00000121706		
HILE MAME STREET ADDRESS CITY-ST ZIP	DPTS MOTTICE, JOHN P 2019 CENTRE POINTE BLVD SUITE TALLAHASSEE, FL 32308	101			04/20/04-80063-023 150.00		
TITEL NAME STREET ADDRESS CITY-ST-ZP							
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
FILE NAME SIREEI ADORESS CITY-SI ZIP							
FILE HAME STREET ADDRESS CITY-ST ZIP							
TITLE MALIE STREET ADDRECS CITY-ST-ZIP							
12. hereby	certify that the information supplied with this fi	ling does not qualify for the exec	notion state	d in Section 119 07(3)	(i), Florida Statutes 1 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.

President SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-386-2117