

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90021 038 ***150.00

DOCUMENT # L14099	
1. Entity Name 4396 INDEPENDENCE CT., INC.	



Principal Place of Business 200 SOUTH ORANGE AVE. 1550 RINGLING BLVD. SARASOTA, FL 34236 US	Mailing Address 200 S. ORANGE AVE 1550 RINGLING BLVD. SARASOTA, FL 34236 US
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2. Principal Place of Business 200 S. Orange Avenue Suite, Apt. #, etc.	3. Mailing Address 200 S. Orange Avenue Suite, Apt. #, etc.
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City & State Sarasota, FL	City & State Sarasota, FL
Zip 34236	Country US



01262004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent TURNER, JAMES L. 200 SOUTH ORANGE AVE. SARASOTA, FL 34236	
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4. FEI Number 65-0145112	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME JAMES L. TURNER STREET ADDRESS 200 SOUTH ORANGE AVE. CITY-ST-ZIP SARASOTA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S NAME KAREN S. TURNER STREET ADDRESS 200 S ORANGE AVE CITY-ST-ZIP SARASOTA, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES L. TURNER, President	Date <i>3/16/04</i> (941) 366-4800 Daytime Phone #