2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

MAME STREET ADDRESS CITY-ST-ZIP ITILE DV	ANNUAL REPORT						Secretary of State				
2812 AARTWA TR 2832 BEAR RELAND POINTE WINTER PARK, R. 32792	1. Entity Name					04-19-2004 90385 014 ***150.00					
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City & State City Country Country City Country City Country City Country City Country City Ci	2. Principal Place of Business		3. Mailing Address								
Application	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302004	Chg-P	· CR2E0	34 (10/03)			
S. Certificate of Status Delayed Fee Peoplined Fee Peopl	City & State) 		
Name	Zìp	Country Zip Coun		Country		5. Certificate of	of Status Desired				
HORGAN, JAMES P 2832 BEAR ISLAND POINTE WINTER PARK, FL 3272 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fixed a. Lam termiter with, and accept the obligations of registered entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fixed a. Lam termiter with, and accept the obligations of registered agent, or both, in the State of Fixed a. Lam termiter with, and accept the obligations of registered agent, or both, in the State of Fixed a. Lam termiter with, and accept the obligations of registered agent, or both, in the State of Fixed a. Lam termiter with, and accept the obligations of registered agent, or both, in the State of Fixed a. Lam termiter with, and accept the obligations of registered agent, or both, in the State of Fixed a. Lam termiter with, and accept the obligations of registered agent, or both, in the State of Fixed a. Lam termiter with, and accept the state of Fixed agent, or both, in the State of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fixed a. Lam termiter with, and accept the state of Fi	6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered	Agen <u>t</u>		
### City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. ### FILE NOW!!! FEE IS \$150.00	HORGAN, JAMES P.										
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 Openative tooks or printer have of registered agent and the abolistic					et Address (Idress (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU		7000,72 0272	•								
THE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE								FL	Zip Code	e	
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After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
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12. I rereby cerury that the information supplied with this hing does not quality 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 fruitee 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:

THE AND TYPED OR PRINTED NAME A SIGNING OFFICER OR DIRECTOR

4/8/04 Date

(407) 657-2664