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ANNUAL REPORT				Feb 16, 2004 08:00 A			
1. Entity Nam	MENT # L90009				etary o		
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Principal Plac 2618 PETER PALATKA, FL	S ST.	Mailing Address 2618 PETERS ST. PALATKA, FL 32177					
DO NOT WRITE IN THIS SPA			^E	02122004	No Chg-P	CR2E034 (10	
			Sept Source	4. FEI Numbe 59-302		40.7	Applied For Not Applicable
	6. Name and Address of Current Re			5. Certificate	of Status Desired		5 Additional equired
ROBBINS, MARK 2618 PETERS ST PALATKA, FL 32017					NOT WI HIS SP		
	named entity submits this statement for tions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or both	h, in the State of Flori	lda. I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	d Agent signature required	i when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	,	•	-
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI D ROBBINS, MARK 2618 PETERS ST PALATKA, FL	RECTORS -			U00000 02/16/04-	0 529 60 80114-00	1 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					NOT WI		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					, , , , , ,		

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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

__ Daytime Ptione #