2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 02, 2004 8:00 am Secretary of State

1	MENT # M64090~	vita → ^		2	Secretary of State	
E. LARRY SEWELL, P.A.			• -			03-02-2004 90025 048 ***150.00
3277 FRUIT SUITE F	e of Business VILLE ROAD	Mailing Address 3277 FRUITVILLE ROAD SUITE F				
SARASOTA FL 34237		SARASOTA FL 34237				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. Unit F		Suite, Apt. #, etc. Unit F				MOORE CR2E034 (11/03)
City & State		City & State			4	4. FEI Number 65-0023712 Applied For Not Applicable
Zip	Country	Country Zip Country		5	5. Certificate of Status Desired Service Servi	
	6. Name and Address of Curre	nt Registered Agent	red Agent			7. Name and Address of New Registered Agent
SEWELL, E. LARRY 766 HUDSON AVE. SUITE A (address chg.) SARASOTA FL 34236				Name Sewell, E. Larry Street Address (P.O. Box Number is Not Acceptable). 32/7 Fruitville Road, Unit F		
,				City S	arasot	ca FL Zip Cost 1237
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						
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.0 c Payable to Florida Department		State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AN	D DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, E. LARRY 2412 ADAGIO WAY SARASOTA FL	☐ Delete		1	3277	Ll, E. Larry Fruitville Rd., Unit F sota, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		· .	_saras	☐ Change ☐ Addition
TITLE		☐ Delete	TITL	1		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STRI	EET ADDRESS (-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1			☐ Change ☐ Addition
12. I hereby	certify that the information supplied w	rith this filing does not qualify f	or the exe	emption state	ed in Section	on 119.07(3)(i), Florida Statutes. I further certify that the information

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 of interesting the 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 addy-ss, with all other like empowered.

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

Feb. 23, 2004

941-365-5111

Dat

Daytime Phone #