
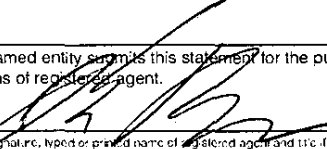
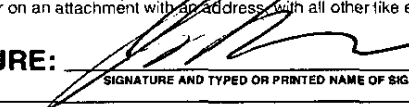


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90021 027 \*\*\*158.75

<b>DOCUMENT # M64374</b> 1. Entity Name <b>THE SOUTH FLORIDA CONSERVATION CENTER, INC.</b>					
Principal Place of Business <b>5803 MAGGIORE TRAIL ZELLWOOD, FL 32798-5307</b>				Mailing Address <b>5803 MAGGIORE TRAIL 3400 SPRING ST. ZELLWOOD, FL 32798-5307</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>5803 MAGGIORE TRAIL</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>Zellwood, FL</b> Zip      Country <b>32798-5307      USA</b>		4. FEI Number <b>65-0101839</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01062004      Chg-P      CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>MASEMAN, JOHN ANTON 3400 SPRING ST. POMPANO BEACH, FL 33062</b>				7. Name and Address of New Registered Agent Name <b>JOHN ANTON MASEMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5803 MAGGIORE TRAIL</b> City <b>Zellwood</b> FL      Zip Code <b>32798-5307</b>	
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  <b>John Anton MASEMAN Director</b> DATE <b>06 JAN 04</b> <small>(NOTE: Registered Agent signature required when constituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MASEMAN, JOHN ANTON 5803 MAGGIORE TRAIL ZELLWOOD, FL 32798</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MASEMAN, GAYNOR JACKSON 5803 MAGGIORE TRAIL ZELLWOOD, FL 32798</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DURANTE, RICHARD J. 5400 SADLER RD. PO BOX 1294 ZELLWOOD, FL 327981294</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b>  <b>John Anton Maseman / Director</b> Date <b>06 JAN 04</b> Daytime Phone # <b>407-884-8667</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					