2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2004 08:00 AM Secretary of State

ANNOAL REPORT							1 CD 12, 2007 00.00, 111				
1. Entity Nam	MENT # M	84090						Seci	retary	of State	
Principal Plac	e of Business	 M:	aling Address								
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2426 SUCCE ODESSA, FL			426 SUCCESS DR DESSA, FL 33556	US							
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							01072004	No Chg-P	CR2EC	34 (10/03)	
DO NOT WRITE IN THIS SPA						Applied For					
ļ							59-289			Not Applicable	
							5 Certificate	of Status Desired		\$8.75 Additional	
			· · · · · · · · · · · · · · · · · · ·	<u>.</u>	<u> </u>		5. Certificate	or grains pesiten		Fee Required	
<u> </u>	6. Name and A	Idress of Current Regis	ered Agent								
WALTEDS	DICHARD C	-			i				r 4000. 4 0000 av	•••	
WALTERS, RICHARD C. 2426 SUCCESS DRIVE							DO	NOT W	HIL	····	
ODESSA, FL 33556							INI "	THIS SE		•	
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9 The above	named entity submi	ts this statement for the p	whose of changing it	e register	ed office or red	nister	ed agent or bo	th in the State of FI	orida Lam	familiar with and accent	
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SIGNATURE.	Signature, typed or printed	name of registered agent and title	applicable (NO	TE. Registere	d Agent signature re	equired	when reinstaling)		DATE		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.						\$5.	.00 May Be ed to Fees				
After M	ay 1, 2004 Fee	Will be \$550.00	Hast Pulla Col	itribulion.	Ц	MUQ	ed to rees				
10.		OFFICERS AND DIREC	TORS					Hoods	304792		
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NAMÉ	WALTERS, RIC	HARD C.			1			175m2 35m2 U37	COCC		
STREET ADDRESS	2426 SUCCESS	DR									
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12. Thereby 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:

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

7-27-372-9443

Daylime Phone #