2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N0200000					01-29-200)4 90031 003 **	
Principal Place of Business P.O. BOX 495182 PORT CHARLOTTE, FL 33949-5182 Mailing Address P.O. BOX 495182 PORT CHARLOTTE, FL 33949-5182			33949-5182				34443	
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0400004			
		City & State			<u> </u>	g-NP	CR2E037 (10/03)	Applied For
City & State					4. FEI Number 65-1152262	2		Not Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired	□ \$8.75 A Fee Requi	
-	6. Name and Address of Current	Registered Agent	Nome	i	7. Name and Addr	ess of New R	egistered Agent	
COMBER, WILLIAM J 214 WOOD ST				Name PLATZER, Kim Street Address (P.O. Box Number is Not Acceptable)				
# 113	231		Sireer	Street Address (P.O. Box Number is Not Acceptable)				
PUNTA GO	ORDA, FL 33950		(4606 FAllon Circle				
			City	Port	Charlot	HE	FL Zip S	3948
	named entity submits this statement for ions of registered agent.	Zev	registered office	or register	ed agent, or both, in the		rida. 1 am familiar wit /- 23-69	h, and accept
	Signature, typed or printed name of registered agent	and little if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)		DATE	
	Signayure, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	 	paign Financing	<u>.</u>	\$5.00 May Be Added to Fees		ake check payable	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI	9. Election Carr , "Trust Fund C	npaign Financing ontribution.		\$5.00 May Be Added to Fees	Flori	ida Department of	State IN 10
4 . - -	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI COMBER, WILLIAM 214 WOOD ST # 113	9. Election Carr , "Trust Fund C	npaign Financing contribution.	P PPLH 46	\$5.00 May Be Added to Fees DDITIONS/CHANGE TZER, K	STO OFFICE	ida Department of RS AND DIRECTORS Change	State IN 10
10. VP TITLE NAME STREET ADOX SS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI COMBER, WILLIAM	9. Election Carr , "Trust Fund C	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS	P PLt 460 Por	\$5.00 May Be Added to Fees IDDITIONS/CHANGE TZER, K 26 7ALL Charlotte	STOOFFICE IM IM CIRC IN CIR	ida Department of RS AND DIRECTORS CLE CS 9 48 Change	State IN 10 Addition Addition
10. VIIILE NAME STREET ADO. ASS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI COMBER, WILLIAM 214 WOOD ST # 113 PUNTA GORDA, FL 33950 D MARX, DAWN M 21224 BASSETT AVE.	9. Election Carr , "Trust Fund C RECTORS	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PPL+ 460 Por	\$5.00 May Be Added to Fees IDDITIONS/CHANGE TZER, K 26 7ALL Charlotte	STOOFFICE IM IM CIRC IN CIR	ida Department of RS AND DIRECTORS Change CUC 3 9 48 Change	State IN 10 Addition Addition Addition
110. VIIILE NAME STREET ADOLASS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI COMBER, WILLIAM 214 WOOD ST # 113 PUNTA GORDA, FL 33950 D MARX, DAWN M 21224 BASSETT AVE. PORT CHARLOTTE, FL 33952 DT MURPHY, DANIEL L- 4022 BEAVER LANE 200C	9. Election Carr , "Trust Fund C RECTORS Delete	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P PLI POI V Luc 182	\$5.00 May Be Added to Fees IDDITIONS/CHANGE TZER, K 26 7ALL Charlotte	STOOFFICE IM IM CIRC IN CIR	ida Department of RS AND DIRECTORS CARROL CLE 3948 Change Change CLE 3948 Change Change Change Change CLE 3948	State IN 10 Addition Addition Addition
10. VIIILE NAME STREET ADOR'SS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI COMBER, WILLIAM 214 WOOD ST # 113 PUNTA GORDA, FL 33950 D MARX, DAWN M 21224 BASSETT AVE. PORT CHARLOTTE, FL 33952 DT MURPHY, DANIEL L- 4022 BEAVER LANE 200C	9. Election Carr Trust Fund C RECTORS Delete Delete	Daign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P PLI 46. Por V Luc 182	\$5.00 May Be Added to Fees IDDITIONS/CHANGE TZER, K 26 7ALL Charlotte	STOOFFICE IM IM CIRC IN CIR	ida Department of RS AND DIRECTORS Change CLE 33948 Change Change Change Change	State IN 10 Addition Addition Addition Addition
IIILE NAME STREET ADORSS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI COMBER, WILLIAM 214 WOOD ST # 113 PUNTA GORDA, FL 33950 D MARX, DAWN M 21224 BASSETT AVE. PORT CHARLOTTE, FL 33952 DT MURPHY, DANIEL L- 4022 BEAVER LANE 200C	9. Election Cam , "Trust Fund C RECTORS Delete Delete Delete	Design Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P PLI HOUSE	\$5.00 May Be Added to Fees IDDITIONS/CHANGE TZER, K 26 7ALL Charlotte	STOOFFICE IM IM CIRC IN CIR	ida Department of RS AND DIRECTORS Change CLE 33948 Change Change Change	State IN 10 Addition Addition Addition Addition Addition
IIILE NAME STREET ADORSS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI COMBER, WILLIAM 214 WOOD ST # 113 PUNTA GORDA, FL 33950 D MARX, DAWN M 21224 BASSETT AVE. PORT CHARLOTTE, FL 33952 DT MURPHY, DANIEL L- 4022 BEAVER LANE 200C	9. Election Cam , "Trust Fund C RECTORS Delete Delete Delete Delete	Design Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE	P PLI HOUSE	\$5.00 May Be Added to Fees IDDITIONS/CHANGE TZER, K DG FALLO Charlotte Ille Welc TAMIAN Charlotte	STOOFFICE IM IM CIRC IN CIR	ida Department of RS AND DIRECTORS Change CLE 3 9 48 Change Change Change	State IN 10 Addition Addition Addition Addition Addition

Interest certify that the information supplied with this item goes not quality for the exemption stated in Section 119.07(3)(f), Fronce statutes. I former certify that it is 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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:

SIGNAZURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #