2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2004 8:00 am Secretary of State

Malling Address 20036 FOREST ROAD 572-A ALTOONA, FL 32702 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 3. Malling Address Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE S
Suite, Apt. #, etc. City & State City & State City & State Country Zp Country Zp Country S. Certificate of Status Desired \$8.75 Actitional Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Ackbess (P.O. Box Number is Not Acceptable) City FL Zip Code 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, and primary agents and the it applicable. Signature, hyped or primarhame of registered agent and the it applicable. (NOTE Registered Agent agrature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, hyped or primarhame of registered agent and the it applicable. (NOTE Registered Agent agrature registered agent, or both, in the State of Florida Department of State Due by Mary 1, 2004 Trust Fund Contribution. Added to Fees Make check payable to Florida Department of State Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE NAME HALE, HAYDEN K ALTOONA, FL 32702 THE NAME Debete THE NAME SIRRET MORESS CITY-SL-79 ALTOONA, FL 32702 THE NAME DATE TO NAME SIRRET MORESS CITY-SL-79 ALTOONA, FL 32702 THE NAME ALTOONA, FL 32702
City & State Country Country S. Certificate of Status Desired \$ 8,75 Additional Fee Required Fee Required Fee Required Name Name Name Name Name Name Name City FL Zip Code City City City FL City City FL City City FL Zip Code City City City FL City City FL City City FL City City FL City Cit
Country Zp
8. Certificate of Status Desired Face Required Face Requir
HALE, HAYDEN K 20636 FOREST ROAD 572-A ALTOONA, FL 32702 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 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, typed or printed name of registered agent and the Lappicable. (NOTE Registered Agent signature required when releasability) DATE Filling Foe is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITIE NAME ALTOONA, FL 32702 ITIE DHALE, HAYDEN K ALTOONA, FL 32702 TIE NAME SIREH MORESS CITY-SL-7P ALTOONA, FL 32702 TIE NAME TIE NAME SIREH MORESS CITY-SL-7P TIE NAME SIREH MORESS CITY-SL-7P ALTOONA, FL 32702
HALE, HAYDEN K 20636 FOREST ROAD 572-A ALTOONA, FL 32702 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL City FL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME DP HALE, HAYDEN K ALTOONA, FL 32702 TITLE DP HALE, BETTY M ALTOONA, FL 32702 TITLE DATE SIREH ADDRESS CITY-SI-ZP ALTOONA, FL 32702 SIREH ADDRESS CITY-SI-ZP ALTOONA, FL 32702 SIREH ADDRESS CITY-SI-ZP CITY-SI-ZP SIREH ADDRESS CITY-SI-ZP CITY-SI-ZP SIREH ADDRESS CITY-SI-ZP ALTOONA, FL 32702 ALTOON
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered operators the it applicable. (NOTE Registered Agent agrature required when reinstating) DATE
the obligations of registered agent. SiGNATURE Signature, typed or printed name of registered agent and little I applicable. (NOTE Registered Agent agnature required when nametating) DATE Filling Fee is \$81.25
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Due by Mary 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DP HALE, HAYDEN K STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME HALE, BETTY M SIREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP C
TITLE DP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP ADDRESS CITY-S
NAME STREET ADDRESS 20636 FOREST ROAD 572-A CITY-ST-ZIP ALTOONA, FL 32702 TITLE NAME HALE, BETTY M STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP ADDRESS CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 TITLE NAME HALE, BETTY M STREET ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 TITLE D HALE, BETTY M STREET ADDRESS CITY-ST-ZIP TITLE D HALL, DANIEL C JR HALL, DANIEL C JR STREET ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 TITLE NAME STREET ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP
CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP
ITTLE D Change Addition HALE, BETTY M SIRET ADDRESS CITY-ST-ZIP CTY-ST-ZIP Delete TITLE NAME HALE, BETTY M STRET ADDRESS CITY-ST-ZIP TITLE D Change Addition HALL, DANIEL C JR NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP
NAME SIREET ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 TITLE NAME HALL, DANIEL C JR STREET ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 TRUE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP TITLE D Delete HALL, DANIEL C JR STREET ADDRESS CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP
TITLE D Delete TITLE Change Addition NAME HALL, DANIEL C JR NAME STREET ADDRESS 20636 FOREST:ROAD 572-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
MAME HALL, DANIEL C JR NAME STREET ADDRESS 20636 FOREST: ROAD 572-A STREET ADDRESS ALTOONA, FL 32702 CITY-ST-ZIP
STREET ADDRESS 20636 FOREST; ROAD 572-A
CITY-SI-ZIP ALTOONA, FL 32702 CITY-SI-ZIP
TITLE DST Delete TITLE
NAME DEBO, THOMAS A NAME
STREET ADDRESS 45400 DORRWAY DRIVE STREET ADDRESS
CITY-ST-ZIP ALTOONA, FL 32702 CITY-ST-ZIP
TITLE . Delete TITLE . Change Addition
NAME STREET ADDRESS STREET ADDRESS
VIII TUREN
CTTY-ST-ZBP CTTY-ST-ZBP
CTTY-ST-ZIP CTTY-ST-ZIP
CTTY-ST-ZIP CITY-ST-ZIP
CTTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition

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 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.

Hayden K. Hale ///2/64/ 352-669.20