## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/3/2

## FILED Jun 07, 2004 8:00 am Secretary of State 05-03-2004 90999 021 \*\*\*\*61.25

Principal Place of Business  A Mailory Actives  COPE CORAL, PL 33990  COPE CORAL, PL 33990  COPE CORAL, PL 33990  COPE CORAL, PL 33990  COUNTY  Suite, April Place of Business  Suite, April Place  County  Co	1. Entity Narr	MENT # N03000( FOR REAL, INC.	004927						
Suite, Apt. P. etc.    Suite, Apt. P. etc.	2003 SE 101	TH AVENUE	2003 SE 10TH A	003 SE 10TH AVENUE		66427098			
City & Slate  Country  Zip  Country  Zip  Country  Zip  Country  8. Certificate of Status Desired  Set 75 Additional  S	2. Principal P	flace of Business	3. Mailing Address						
City & State  City & State  City & State  City & State  Country  C	Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.		04302004 CI	no-NP CR2E(	037 (10/03)	5.0 El 10 BO
Scheme and Address of Current Registered Agent  S. Hame and Address of Current Registered Agent  S. Hame and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  SAUGER, MARK D.  Siriot Address (P.O. Box Number is Not Acceptable)  Chy  FL Zip Code  Cny  FL Zip Code  SANATURE  SANATURE  SANATURE  SANATURE  SANATURE  SANATURE  SPETIAL STANATURE  SANATURE  SPETIAL SANATURE  SANATURE	City & Stat	ie :	City & State	City & State		4. FEI Number		Арр	
SAUGER, MARK D 2003 SE 10TH AVENUE CAPE CORAL, FL 33990  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rocica. I am familiar with, and accept the objective of registered agent, or both, in the State of Rocica. I am familiar with, and accept the objective of registered agent, or both, in the State of Rocica. I am familiar with, and accept the objective of registered agent, or both, in the State of Rocica. I am familiar with, and accept the objective of registered agent, or both, in the State of Rocica. I am familiar with, and accept the objective of registered agent, or both, in the State of Rocica. I am familiar with, and accept the objective of registered agent, or both, in the State of Rocica. I am familiar with, and accept the objective of registered agent, or both, in the State of Rocica. I am familiar with, and accept the objective of registered agent, or both, in the State of Rocica. I am familiar with, and accept the objective of Rocica	Zip Country		Zip	Zip Co.		5. Certificate of Status Desired S8.75 Additional		ional .	
SAUGER, MARK D  COD 3 SE 10TH AVENUE  CAPE CORAL, FL 33990  City  FL  Zip Code  A. The above rearred 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 dee obligations of registered agent, which is 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 dee obligations of registered organization and in application agent with a 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 dee obligations of registered organization and accept deep obligations of registered organization and accept deep obligations of registered organizations of registered organization and accept deep obligations of registered organization and accept deep obligations of registered organization and accept deep obligations of registered organizations of registered organization and accept deep obligation and accept deep obli		6." Name and Address of Cur	rrent Registered Agent						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept de cologations of registered agent, or both, in the State of Rorida. I am familiar with, and accept de cologations of registered agent, or both, in the State of Rorida. I am familiar with, and accept de cologations of registered agent, or both, in the State of Rorida. I am familiar with, and accept de cologations of registered agent, or both, in the State of Rorida. I am familiar with, and accept de cologations of registered agent, or both, in the State of Rorida. I am familiar with, and accept de cologations of registered agent, or both, in the State of Rorida. I am familiar with, and accept dependent of State in the State of Rorida Department of Rorida	2003 SE 1	OTH AVENUE			Street Address (P.O. Box Number is Not Acceptable)				
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 familier with, and accept the obligations of registered agent.  SIGNATURE    STEATURE	OAI E COI	TOTE, TE 30550					· .		
SIGNATURE    Piling Fee is \$61.25   Due by May 1, 2004					, i	<b>~L</b>			
Filing Fee is \$81.25   Due by May 1, 2004   Trust Fund Contribution.   \$5.00 May Be by May 1, 2004   Trust Fund Contribution.   Added to Fees   Floridad Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   VP.T	the obligat	tions of registered egent.						·	nd accept
Trust Fund Contribution.   Added to Fees   Floridat Department of State    10. OFFICERS AND DIRECTORS   31. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   VP.T		Signature, typed or printed name of registered	<del></del>	·····		od when reinstating)	DATE	en geralie geralie	
TITLE VP.T   Delete   IIII.E   Change   Addition   SIREFI ADDRESS   CITY-ST-ZP   CAPE CORAL, FL 33990   CITY-ST-ZP   CAPE CORAL, FL 33990			9. Electi Trust	on Campaign F Fund Contributi	inancing ion.	\$5.00 May Be Added to Fees			
MME - SAUGER, CONNIE : STREET ADDRESS   STREET ADDRESS   CTY'-ST-ZP    TITLE   D   Delete   MARK   MARE   M		1 · · · · · · · · · · · · · · · · · · ·				ADDITIONS/CHANG	ES TO OFFICERS AND D		
TITLE NAME SAUGER, MARK STREET ADDRESS CITY-ST-2P CAPE CORAL, FL 33990  TITLE D	NAME - STREET ADDRESS	SAUGER, CONNIE & 2003 SE 10TH AVENUE			E Et address	C Antenide C Magazine			
NAME STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T	NAME Street Address	SAUGER, MARK 2003 SE 10TH AVENUE		NAME STREET	E Et address	☐ Change ☐ Addition			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE TIT	NAME STREET ADDRESS	SAUGER, CONNIE 2003 SE 10TH AVENUE		NAMI STRE	E 229RODA TE	☐ Charige ☐ Addition			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE TIT	NAME Street Address	<u> </u>	Deleti	NAME STREET	E ET ADORESS			Change —	Addition -
NAME STREET ADDRESS CITY-ST-ZIP  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 eath; 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 chapter 617, Florida Statutes: and that my name appears in Block 10 or Block 11 if chapter 617.	NAME Street adoress	E	Deleti	NAMI STRE	E Et adoress			☐ Change	Addition
indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attact/maht with an address, with all other like empowered.	NAME STREET ADDRESS	:	☐ Delete	NAMI Stre	E Et address			Change	Addition .
SIGNATURE: 4-28-04 239-458-4796	of the cor	i on this report or supplemental reprovation or the regainer or trustee	port is true and accurate and empowered to execute this	d that my signal report as requir	ture shall have the	same legal effect as i 7, Florida Statutes; an	f made under oath; that d that my name appears	l am an officer o in Block 10 or E	r director Block 11 if
BIGHATURE AND TYPED OR SERVED OR SECURIC OFFICER OR ORFECTOR OLD COMPANY OF THE PROPERTY OF TH	SIGNAT		D OR PRINTED MAME OF SWILLIAM O	OFFICED ON CHEET	708	4-28	-04 239	458.4	1796