## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N03000006					2004 90319			
Principal Plac 12252 CALA ORLANDO, F	BOOSE COURT	Mailing Address 12252 CALABOOSE CO ORLANDO, FL 32828						-	
527 2. Principal P	Hallowell Cir	522 Ha 3. Mailing Address	Howell	CIL.					
Suite, Apt.	100 Florida	Suite, Apt. #, etc.	PL.		04292004 (	Chg-NP	CR2E037	Ap	plied For
32825	Country	32828	Country		5. Certificate of S		Fe	8.75 Add ee Required	litional
	6. Name and Address of Current	Registered Agent	Name		7. Name and Ad	dress of New	Registered Ag	ent	
DOWDY, CANDICE D 12252 CALABOOSE COURT ORLANDO, FL 32828				Street Address (P.O. Box Number is Not Acceptable)					
			City		<del></del>		FL	Zip Code	e
	named entity submits this statement fo ions of registered agent.		registered office o	r register	ed agent, or both, in	n the State of F		miliar with,	and accept
J .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signs	ture required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Ca	E: Registered Agent signa mpaign Financing Contribution.	ture required	\$5.00 May Be Added to Fees		DATE Make check p orida Departm		
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Ca Trust Fund	mpaign Financing Contribution.		\$5.00 May Be	y a √Fi	Make check porida Departn	CTORS IN	10
1 2	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Ca Trust Fund	mpaign Financing Contribution.	D D	\$5.00 May Be Added to Fees DDITIONS/CHANC	GES TO OFFICE	Make check porida Departn	nent of St	ate
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF  DOWDY, CANDICE D 12252 CALABOOSE COURT ORLANDO, FL 32828 D DOWDY, RODNEY E 12252 CALABOOSE COURT ORLANDO, FL 32828 D- PUSTELNYK, ANDREA J 1107 MARCUS COURT	9. Election Ca Trust Fund I	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D D D D D D D D D D D D D D D D D D D	\$5.00 May Be Added to Fees DDITIONS/CHANG DY, Carcli HALLDWEL NOO, FL.	SES TO OFFICE O O 1 Cir. 32878 J E. V Cir.	Make check ; orida Departu ERS AND DIRE [	CTORS IN	10 Addition
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refer by certify that the information supplied with this fining does not qualify for the exemption stated in Section 19.0/(5/kg), Florida Statutes. Florida Statutes, and that the fining does not qualify for the certify that it is 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.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

128/04 407 737-092