2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

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DOCUI 1. Entity Nam NAUTILU				05-03-200	04 90775	013 ****6	51.25		
660 NAUTILUS CT. 660		Mailing Address 660 NAUTILUS CT. FT. WALTON BCH., FL 3			1 1 1 1 1 1 1 1 1 1 1			V1848	
2. Principal Place of Business 3. Ma		3. Mailing Address	. Mailing Address				į į		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062004	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State	City & State		4. FEI Number Applied For 59-2554205 Not Applicable				
Zip	Country —	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add	
	6. Name and Address of Current F	Registered Agent	Nome		7. Name and A	ddress of New	Registered	Agent	
ATCHISON	N, GLENN B		Name						
660 NAUTILUS CT FT WALTON BCH, FL 32548			Street A	Street Address (P.O. Box Number is Not Acceptable)					
. ,									
			City				Fl	Zip Cod	9
	named entity submits this statement for	the purpose of changing its r	egistered office o	r register	ed agent, or both	in the State of	Florida. I am	familiar with,	and accept
the obligati	ions of registered agent.	·#				,			
SIGNATURE .									
	Signature, typed or printed name of registered agent a								
	Signature, typed or printed harrie or registered agent a	nd title if applicable (NOTE:	Registered Agent signat	ture required	when reinstating)		DATE		·
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co	paign Financing	ture required	\$5.00 May Be Added to Fees	FI	Make chec	k payable to	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing			<u> </u>	Make chec orida Depa	rtment of Si	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co	paign Financing ontribution.	PD	\$5.00 May Be Added to Fees ADDITIONS/CHAI	NGES TO OFFIC	Make chec lorida Depa CERS AND D	rtment of Si	tate
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR PD MALONEY, LARRY 660 NAUTILUS COURT	9. Election Cam Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	PD	\$5.00 May Be Added to Fees ADDITIONS/CHAI Orge Ye O Nawfili	NGES TO OFFIC	Make chec lorida Depa CERS AND D	rtment of SI	tate
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: _

Glenn B. Atchison, 4-30.04

850-244-9860

Date

Daytime Phone #