## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2004 8:00 am Secretary of State

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City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  E. Name and Address of Curront Replatered Agent  7. Name and Address of Status Desired Fice Peoplated Fire Replaced Fir	2. Principal Place of Business	3. Mailin	. Mailing Address				] <b>                                     </b>				
Social Country   Zip   Country   Social Country   Socia	Suite, Apt. #, etc.	Suite	Suite, Apt. #, etc.			04112004	Chg-NP	CR2E0	37 (10/03)		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this disterment for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable be obligations of registered agent.  SIGNATURE  Filling Fee is \$81.25  Due by May 1, 2004  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INTE. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INTE. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INTE. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INTE. OFFICERS AND DIRECTORS IN 10  INTE. NAME  SITERIA AGENCY  STREET AGENC	City & State	City	City & State				4. FEI Number 59-2444	503		<del></del>	·
SCOSSELIN, RONALD J 5231 RAZOR BACK CT. ORLANDO, FL 32819  City FL Zip Code  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  Filling Fee is \$61.25  Due by May 1, 2004  9. Election Campaign Financing Trust Fund Contribution. State of Florida. I am familiar with, and accept the obligations of registered agent.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANNES TO OFFICERS AND DIRECTORS IN 10  TITLE O OFFICERS AND DIRECTORS 11. ADDITIONS/CHANNES TO OFFICERS AND DIRECTORS IN 10  TITLE O ORLANDO, FL 32819  TITLE D ORLANDO, FL 32819  TITLE D ORLANDO, FL 32835  TITLE D ORLANDO, FL 32738  TITLE D ORLANDO, FL 32739  TITLE D ORLANDO, FL 32738  TITLE D ORLANDO, FL 32739  TITLE D ORLANDO, FL 32739	Zip Country	Country Zip			intry						
SCINATURE    Street Address (P.O. Box Number is Not Acceptable)		nt Registered	Agent				7. Name and /	Address of Ne	w Registered	Agent	
A. 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  Signature, typed or printed name of registered agent and life if apprication.  Photo: Registered Agent signature required when relication().  DATE  Filting Fee is \$81.25  Due by Many 1, 2004  9. Election Campaign Financing Trust Fund Contribution.  The Added to Fees  Florida Department of State  Profita	GOSSELIN, RONALD J 5231 RAZOR BACK CT.										
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Control   Cont	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										
Trust Fund Contribution. Addition to Fees   Flortdath Department of State    To OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    THE TO GOSSELIN, RONALD   The GOSSELIN, RONALD   Change   Addition    NAME STREET ADDRESS   5231 RAZOR BACK CT.   STREET ADDRESS    CITY-ST-ZIP   ORLANDO, FL 32819   TITLE   DAVING    TITLE   D GRIANDO, FL 32835   TITLE   DAVING    TITLE   D GRIANDO, FL 32835   TITLE   DAVING    TITLE   D GRIANDO, FL 32835   TITLE    NAME   HENDRICKS, DEWEY    TITLE   D GRIANDO, FL 32835   TITLE    NAME   HENDRICKS, DEWEY    TITLE   D GRIANDO, FL 32738   TITLE    NAME   STREET ADDRESS    CITY-ST-ZIP   DELTONA, FL 32738   TITLE    NAME   STREET ADDRESS    CITY-ST-ZIP   DELTONA, FL 32738   TITLE    NAME   TITLE   D GRIANDONES    TITLE   D GRIANDON	SIGNATURE										
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STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information in the state of th	NAME Street address City-St-Zip	with this filler		NAM STRI CITY	ET ADORESS -ST-ZIP						Addition

The repty certify that the information supplied with this fulling does not quality for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is rupplemental report in rupplemental report in rupplemental report is rupplemental report in rupplemental report is rupplemental report in rupplemental report is rupplemental report is rupplemental report in rupplemental report is rupplementa

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4/12/04

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