2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2004 8:00 am Secretary of State

DOCUI 1. Entity Nam PILOT CL			02-12-2004 90014 031 ****61.2				1.25		
Principal Place of Business 5808 CLOVER LANE C/O SHIRLEY JETER FORT ORANGE, FL 32127 US		Mailing Address 5808 CLOVER LANE C/O SHIRLEY JETER FORT ORANGE, FL 32127 US				440110	U2U		
2. Principal P	ace of Business	3. Mailing Address							
5808 CLOVER LANG SEOF CLO			VER LA	~€					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01222004	Chg-NP	CR2E	037 (10/03)	
City & State	OLANGE FL	City & State PORT ORAN	66		 FEI Number 59-2468 	011		— ——	oplied For ot Applicable
Zip Country Zip 3'212'7			Country				ditional,		
	6. Name and Address of Current F	legistered Agent		\	7. Name and A	ddress of New	Registered		
JETER, SH		Name JAハ Johハsoハ Street Address (P.O. Box Number is Not Acceptable)							
5808 CLOV	VER LANE ANGE, FL 32127					is Not Acceptab リムタープ・		5017	€# C
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	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or	r registere	d agent, or both	in the State of F, ,	Florida. i an /	n familiar with,	and accept
	() day () day and	(Yaha	O.t.			al	3/84		
SIGNATURE.	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: Re	egistered Agent signatu	ura required v	hen reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees	Fic	orida Depa	ck payable t artment of S	tate
10.	Due by May 1, 2004 OFFICERS AND DIR	Trust Fund Con	ntribution.	A	Added to Fees	NGES TO OFFIC	orida Depa	DIRECTORS IN	v 10
10. TITLE NAME	Due by May 1, 2004	Trust Fund Con	tribution.	A PR	Added to Fees DDITIONS/CHA	NGES TO OFFIC	Orida Depa	DIRECTORS IN Change	V 10 Addition
TITLE NAME STREET ADDRESS	OFFICERS AND DIR P JETER, SHIRLEY 5808 CLOVER LANE	Trust Fund Con	11. TITLE NAME STREET ADDRESS	PR JA 83	Added to Fees DDITIONS/CHA E SIDENT N JOH, 2 DUN	NGES TO OFFICE	ERS AND E	DIRECTORS IN Change	V 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2004 OFFICERS AND DIR P JETER, SHIRLEY 5808 CLOVER LANE PORT ORANGE, FL 32127	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR JA	Added to Fees DDITIONS/CHA E SIDENT N JOH, 2 DUN	NGES TO OFFICE	OFICE AND DEPT	DIRECTORS IN Change	V 10 Addition
TITLE NAME STREET ADDRESS	P JETER, SHIRLEY 5808 CLOVER LANE PORT ORANGE, FL 32127 S KAISER, DIANE	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PR JA 83 Po	Added to Fees DDITIONS/CHAI E SIDEN T N JOH, 32 DUN ORT OR CRETAR	FIGURES TO OFFICE VSON VLANTON ANGE Y DONCAS	ERS AND D	DIRECTORS IN Change 32/2	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DIR P JETER, SHIRLEY 5808 CLOVER LANE PORT ORANGE, FL 32127 S KAISER, DIANE 6218 YOSEMITE DRIVE	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PR JA SE	Added to Fees DDITIONS/CHAI E SIDENT N JOHN 32 DUN DRT OR CRETAR LIE 1	FIGURES TO OFFICE VSON VLANTON ANGE Y DONCAS ELLONS	FL TER	DIRECTORS IN Change	N 10 Addition C Addition Addition
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Thereby certify that the information supplied with its limit of the same legal effect as if made under oath; that I am an officer or director 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:	STELLA	LIMA	1/24/04	(386)756-776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #