2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 16, 2004 8:00 am Secretary of State

DOCU	MENT # N27624					07-16-	-2004 9000		
1. Entity Name RETIRED	OFFICERS' CORPORATION	N							
#352	of Business AN EAGLE BLVD	Mailing Address 1010 AMERICAN EAGLE #352 SUN CITY CENTER, FL 3		į	1 200 /11ME 0 7 0 (1/	NI		4062	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07122004	Chg-NP	CR2E037	(10/03)	
City & State		City & State			4. FEI Number 59-29100)14			plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add ee Required	
·	6. Name and Address of Current Re	egistered Agent			7. Name and A	ddress of New F	Registered Ag	jent _	
ZIMMERMAN, ALAN L				Charles M. EMOI, JK.					
VALRICO,	RIE WOOD DR FL 33594		JO I	Street Address (P.O. Box Number is Not Acceptable) 1010 American Eagle Blvd. #352					
	; , i		City		City Cen		Fi	Zip Code	9
				up (LITY CEA	TEK			
	named entity submits this statement for t	the purpose of changing its	registered office o	r register	ed agent, or both,	in the State of Fl	lorida. I am fa	miliar with,	and accept
tite ooligati	ons of registered agent.	L 10 00					_	13-04	
CICNIATURE	Chilinas VV \ ()	^ / \							
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable (NOTE	E: Registered Agent signal	ure required	AST, JR when reinstating)	••	DATE	15.0	• •
	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 to by September 8, 2004	d title if applicable (NOTE	e: Registered Agent signat 	ure required	when reinstating) \$5.00 May Be Added to Fees	i		payable to	
Dı	Filing Fee is \$61.25	9. Election Can Trust Fund C	e: Registered Agent signat 	ure required	\$5.00 May Be Added to Fees	Flo	DATE Make check rida Departn	payable to nent of St	o 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-04

(813) 633-4467

Daytime Pho