## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 09, 2004 8:00 am Secretary of State

DOCUI 1. Entity Nam CRIMINO	# N49709				08-09-2004 90005 008 ****61.2:			**61.25				
Principal Place of Business 107 1/2 N. GREENWOOD AVE N CLEARWATER, FL 33755			Mailing Address PO BOX 7727 CLEARWATER, FL 33758				54067543					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08052004	Chg-NP	CR2E0	37 (10/03)		
City & State			City & State				4. FEI Number         Applied For 59-3132503           Not Applica			oplied For ot Applicable		
Zip	Zip Country		<u> </u>		Country		5. Certificate of Status Desired S8.75 Addition Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
HARLAN, BRUCE M ESQ. 326 BELCHER RD. N. CLEARWATER, FL 34625					Name Street Address (P.O. Box Number is Not Acceptable)							
OLD WITH		0.1020			City					Zip Code		
		submits this statement	for the purpose of cha	anging its regist		egistere	ed agent, or both,	in the State of F	FL Torida. I am	<u> </u>		
the obligati	ions of regist	ered agent.										
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if applicable.	(NOTE: Regist	ered Agent signature	e required s	when reinstating)		DATE			
Filing Fee Is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution.								
Di			I	. •			\$5.00 May Be Added to Fees			k payable to tment of Si		
10.			Tru	st Fund Contrib			<b>\$5.00</b> May Be	Flo	rida Depar	tment of St	tate	
	D LAN, JEAI 2357 STA	OFFICERS AND D OFFICERS AND D NIE G RUN BLVD.	Tru DIRECTORS	st Fund Contrib	oution.		\$5.00 May Be Added to Fees	Flo	rida Depar	tment of St	tate	
10. TITLE NAME STREET ADDRESS	D LAN, JEAI 2357 STA CLEARW/ D BALVIN, F 2357 STA	OFFICERS AND E  OFFICERS AND E  NIE  G RUN BLVD.  ATER, FL 34625	Tru DIRECTORS	elete T  elete T  s  c  c  c  c  c  c  c  c  c  c  c  c	Dution.  1.  IITLE IAME TREET ADDRESS		\$5.00 May Be Added to Fees	Flo	rida Depar	tment of St	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LAN, JEAI 2357 STA CLEARW/ D BALVIN, F 2357 STA CLEARW/ D ZWAN, JU PO BOX 2	OFFICERS AND DOTTION OFFICERS	OIRECTORS D	elete T  selete T  n  s  c  c  elete T  n  s  c  c  c  c  c  c  c  c  c  c  c  c	DULTION.  1.  ITTLE IAME ITTREET ADDRESS ITTY-ST-ZIP ITTLE IAME ITTREET ADDRESS		\$5.00 May Be Added to Fees	Flo	rida Depar	RECTORS IN	I 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LAN, JEAI 2357 STA CLEARW/ D BALVIN, F 2357 STA CLEARW/ D ZWAN, JU PO BOX 2	OFFICERS AND DOTTION OFFICERS	DIRECTORS D	elete T  elete T  n  s  c  elete T  n  s  c  c  elete T  n  s  c  c  elete T  n  s  c  c  c  elete T  n  s  c  c	DULTION.  1.  ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS		\$5.00 May Be Added to Fees	Flo	rida Depar	RECTORS IN Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LAN, JEAI 2357 STA CLEARW/ D BALVIN, F 2357 STA CLEARW/ D ZWAN, JU PO BOX 2	OFFICERS AND DOTFICERS AND DOT	DIRECTORS DI	elete T  elete T  n  s  c  elete T  n  s  c  c  c  elete T  n  s  c  c  c  elete T  n  s  c  c  c  c  elete T  n  s  c  c  c  c  c  c  c  c  c  c  c  c	DULLION.  1.  ITTLE IAME ISTREET ADDRESS ISTY-ST-ZIP ITTLE IAME		\$5.00 May Be Added to Fees	Flo	rida Depar	TRECTORS IN Change	Addition  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LAN, JEAI 2357 STA CLEARW/ D BALVIN, F 2357 STA CLEARW/ D ZWAN, JL PO BOX 2 CLEARW/	OFFICERS AND DOTFICERS AND DOT	DIRECTORS DI	elete T N S C C elete T N S C C elete T N S C C C elete T N S C C C C C C C C C C C C C C C C C C	DULLION.  1.  ITTLE  IAME  ITTREET ADDRESS  ITTY-ST-ZIP  ITTLE  IAME  ITTREET ADDRESS  ITTY-ST-ZIP		\$5.00 May Be Added to Fees	Flo	rida Depar	Change  Change	Addition  Addition  Addition	

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PHIN ED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/04

727-449-0838

Date

Daytime Phone #