2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004105

INVESTMENT FRAUD RESTORATION FINANCING



FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90348 041 ****61.25

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CORPOR	RATION								
Principal Plac C/O RAYMON 1801 HERMI TALLAHASSE	08) (188 1/1 8 7 8 78 1878) (2) ? # F 			
2. Principal Place of Business 3. Ma			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04122004 Ch	g-NP CR2	E037 (10/03)	
City & State			City & State			4. FEI Number Applied For 59-3533807 Not Applicable			
Zip	Country			Country	۰.	5. Certificate of Sta		10011000110	
	6. Name and Address	of Current Regist	ered Agent	Name		7. Name and Addr	ess of New Register	ed Agent	
PETTY RA	AYMOND K			Name					
1801 HER	MITAGE BLVD SSEE, FL 32308			Street Address (P.O. Box Number is Not Acceptable)					
				City				Zip Cod	le
8. The above	named entity submits this :	statement for the p	urpose of changing its r	egistered office or	r register	ed agent, or both, in t	he State of Florida. I	am familiar with,	and accept
the obligat	tions of registered agent.								
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SIGNATURE .	Signature, typed or printed name of r	registered agent and title i	fapplicable. (NOTE:	Registered Agent signat	ture required	when reinstating)	DA	ITE	
					1				
	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees		ieck payable t partment of S	
10.	Due by May 1, 2004		Trust Fund Co	ontribution.	A	\$5.00 May Be Added to Fees DDITIONS/CHANGE	Florida De	partment of S	tate
TITLE	Due by May 1, 2004	4	Trust Fund Co	11.		Added to Fees	Florida De	partment of S	tate
TITLE NAME	Due by May 1, 2004 OFFICE P STIPANOVICH, C. C	RS AND DIRECTO	Trust Fund Co	11. THE A	T	Added to Fees	Florida De	partment of S	tate
TITLE NAME STREET ADDRESS	P STIPANOVICH, C. C 1801 HERMITAGE BL	SERS AND DIRECTO	Trust Fund Co	11. THE ANAME STREET ADDRESS	T Tho	Added to Fees DDITIONS/CHANGE	Florida De	partment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2004 OFFICE P STIPANOVICH, C. C	SERS AND DIRECTO	Trust Fund Co	ntribution. 11. TITLE A NAME STREET ADDRESS CITY-ST-ZIP	T Thou	Added to Fees DDITIONS/CHANGE	Florida De	partment of S DIRECTORS IN Change	N 10 X Addition
TITLE NAME STREET ADDRESS	P STIPANOVICH, C. C 1801 HERMITAGE BL TALLAHASSEE, FL 3	SERS AND DIRECTO	Trust Fund Co	11. THE ANAME STREET ADDRESS	T Thomas 180	Added to Fees DDITIONS/CHANGE nas, Gwenn Hermitage lahassee Fl	Florida De	partment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P STIPANOVICH, C. C 1801 HERMITAGE BL TALLAHASSEE, FL 3.	RS AND DIRECTO VD. 2308	Trust Fund Co	ntribution. 11. TITLE A NAME STREET ADDRESS CITY-ST-ZIP TITLE	Thomas 180 Tal	Added to Fees DDITIONS/CHANGE nas, Gwenn Hermitage lahassee Fl	Florida De STO OFFICERS AND Blvd. 32308	D DIRECTORS IN Change	N 10 X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P STIPANOVICH, C. C 1801 HERMITAGE BL TALLAHASSEE, FL 3. T BARBARA, JARRIEL	RS AND DIRECTO VD. 2308 VD.	Trust Fund Co	Ontribution. 11. TIFLE TO NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME	Thomas 180 Tal	Added to Fees DDITIONS/CHANGE nas, Gwenn Hermitage lahassee Fl	Florida De STO OFFICERS AND Blvd. 32308	D DIRECTORS IN Change	N 10 X Addition
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12. Thereby 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.

Auric Coleman Stipanovich, President, 4/20/04, 850/488-4406 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date