2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AN Secretary of State

DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE O4282004 No Chg-P CR2E034 (10/03) A. Fell Number of Status Desired agent. or Don't In the State of Florida. I am familiar with, and acceptive blogsifions of registered agent. or Don't in the State of Florida. I am familiar with, and acceptive blogsifions of registered agent. Signature. Need or protect name of registered agent. Signature. Need or protect name of registered agent. Signature. Need or protect name of registered agent. PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. D. OFFICERS AND DIFFECTORS Added to Fees Signature. Peed of Planch agent ag	ANNUAL R	EPORT		· •	Company of C4040
2550 PALM BAY RD 202 PALM BAY, FL 32905 DO NOT WRITE IN THIS SPACE 104282004 No Chg-P CF2E034 (10/03) 4. FEI Number 59-3642778 Not Applied For 59-3642778 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent PINDER, CECIL 1101 RIVIERA DRIVE PALM BAY, FL 32905 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 the obligations of registered agent. SIGNATURE Signature The DO NOT WRITE IN THIS SPACE 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 the obligations of registered agent. SIGNATURE Signature Top of the Order of Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. DATE 10. OFFICERS AND DIFFECTORS	Entity Name	15			Secretary of State
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INLE P				.00 May Be ed to Fees	U00000154205 05/04/04-80157-012 150.00
STREET ADDRESS CITY-ST-ZP PALM BAY, FL 32905 TITLE VP NAME PINDER, SHIRLEY STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	TITLE NAME PINDER, CECIL STREET ADDRESS CITY-SI-ZIP NAME PINDER, SHIRLEY NAME PINDER, SHIRLEY 1101 RIVIERA DR PINDER, SHIRLEY 1101 RIVIERA DR PALM BAY, FL 32905 TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN T	HIS SPACE
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 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: Date					