2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 20, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P0000001238		Secretary of State				
5649 PINE T	TERRACE	Meiling Address 5649 PINE TERRACE PLANTATION, FL 33317			etic 45 111 20 111 20 111 20 111 20 111		
C	OO NOT WRITE I	CE	01142004 No Chg-P CR2E034 (10/03) 4. FEI Number				
	6. Name and Address of Current Regi STEVEN E TERRACE ION, FL 33317	DO NOT WRITE IN THIS SPACE					
the obligat	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and tid. E NOW!!! FEE IS \$150.00		ed Agent signature required	i whan reinstating)	·	I am familiar wi	h, and accept
	ay 1, 2004 Fee will be \$550.00 OFFICERS AND DIRE D SKOPP, STEVEN 5649 PINE TERRACE PLANTATION, FL 33317	Trust Fund Contribution	Add	.00 May Be led to Fees	U000000007 /20/04-800	911 96. oog 1	FO 100
TITLE NAME STREET ADDRESS CITY - S1 - ZIP TITLE NAME				01	/ 20/ 01 TOUU		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Uhereby d	certify that the information supplied with this ton this report or supplemental report is true providing or the receiver or trustee empowers, or on an attachment with an address, with a	filing does not qualify for the ext and accurate and that my signs of to execute this report as requ if other like empowered.	emption stated in Se ature shall have the fired by Chapter 607	ection 119.07(3)(i), Flor same legal effect as if 7, Florida Statutes; and	ida Statutes. I furthe made under oath; th that my name appe	er certify that the hat I am an office ears in Block 10	e information er or director or Block 11 if