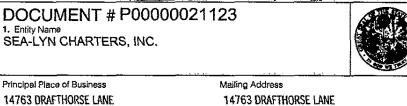
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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



WELLINGTON, FL 33414

14763 DRAFTHORSE LANE WELLINGTON, FL 33414



DO N	OT	WRITE	IN	THIS	<b>SPACE</b>
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6. Name and Address of Current Registered Agent

04222004 No Chg-P CR2E034 (10/03)

5. Certificate of Status Desired	\$8.75 Additional
65-0985710	Not Applicable
4. FEI Number	I Applied For

RUSBRIDGE, MARY LYNN 14763 DRAFTHORSE LANE WELLINGTON, FL 33414			DO NOT WRITE IN THIS SPACE		
8. The above the obligat	ions of registered agent.	<u> </u>	- <u> </u>		th, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent and little if	applicable. (NOTE, Registere	d Agent aignature	required when reinstating)	HOGOODITOAGE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	U00000150426 05/04/04-80005-011 150.00
10,	OFFICERS AND DIREC	TORS	I	<del>`</del> <u>`</u>	
TITLE NAME STREET AUDRESS CITY-ST-ZIP	D RUSBRIDGE, MARY LYNN 14763 DRAFTHORSE LANE WELLINGTON, FL 33414				
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	*				
12. I hereby of indicated of the cor	certify that the information supplied with this fill on this report or supplemental report is true a poration of the receiver or trustee empowered	ing does not qualify for the exe nd accurate and that my signal to execute this report as requi	mption state ure shall haved by Chap	d in Section 119.07(3) re the same legal effe ter 607, Florida Statut	(i), Florida Statutes. I further certify that the information of as if made under cath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

changed, or on an attachinent with an address, with all other like empowered.

SIGNATURE:	11/alu)	Lunlygy	4-29-04	561-791-1953
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OF DIRECT	Date Date	Daytime Phone #