2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2004 8:00 am Secretary of State

Daytime Phone #

SOUR PROVED THE DESIGNATION OF THE PAIN CONST, FL 32137 2. Pinicipal Place of IB Justiness 3. Making Address P. O. BOX 4.497 Sulfe, Apr. #, etc. Sulf	1. Entity Nam	e	P00000037 TORS, INC.	063			03-17-2004	90032 0	28 ***15	0.00	
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Suite Applied Family Suite Applied Family Suite Applied Family Suite Sui	2. Principal P	tace of Business									
St. Augustine, FL S9-3647817 S9-364781	Suite, Apt. #, etc.						03092004	Chg-P	CR2E0	34 (10/03)	
Country 32\(20 \) 85-4497 Country US 6. Carrilicate of Status Desired \$80.75 Additional February Februar	City & State			City & State St. Augustine, FL							
CHUMENTO, MICHAEL D ESQ. 4 OLD KINGS ROAD NORTH Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Rorida. I am familiar with, and accept the chipations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$180.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$550.00 ARTHUR BOX OFFICERS AND DIRECTORS TILE NAME RIVETTE, RONALD M 80 CLUBHOUSE DRIVE CITY ST-2P PALM COAST, FL 32137 TILE NAME SIRET ADRESS CITY-ST-2P Debte TILE NAME	Zip	Zip Country				ry				\$8.75 Add	itional
CHUMRENTO, MICHAEL DESO, 4 OLD KING'S ROAD NORTH SUITE B PALM COAST, FL 32137 City FL Zip Code City F		6. Name and	Address of Current F	<u> </u>			7. Name and A	ddress of New R		·	<u> </u>
Street Address (P.O. Box Number is Not Acceptable) PALM COAST, FL 32137 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorica. I am familiar with, and accept the obligations of registered agent. SIGNATURE SYMPTHE Symann, spoil or privacionare of includent degree and the name of any submits this statement for the purpose of changing its registered agent, or both, in the State of Rorica. I am familiar with, and accept the obligations of registered agent. SIGNATURE SYMATURE SYMATU	CHIUMEN.	TO MICHAE	L D ESO	· · ·	Name						
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### After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution	SIGNATURE_	Signature, typed or pri	intect name of registered agont o	nd title / applicable. (NOTE	Registered	Agent cignature required	when reinstating)		DATE		
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