2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

| 1. Entity Nan | MENT # P0000006237 | '2 | | Seci | retary of State |
|--|--|--|--|--|--|
| Principal Place of Business 802 EAST NEW ORLEANS AVENUE TAMPA, FL 33603-4061 Mailing Address 802 EAST NEW ORLEANS AVENUE TAMPA, FL 33603-4061 | | | (UE | | IN SHIM KENN KKU KUM KENN KENNYA IK KUNT |
| I | OO NOT WRITE I | N THIS SPA | | 03172004 No Chg-P (| CR2E034 (10/03) Applied For Not Applicable |
| | 6. Name and Address of Current Regi | stered Agent | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| FREEMAN, TERRY L 802 EAST NEW ORLEANS AVENUE TAMPA, FL 33603-4061 | | | and the second s | DO NOT WR | CE |
| the obligat | named entity submits this statement for the tions of registered agent. | ourpose of changing its registere | ed office or registere | ed agent, or both, in the State of Florida | f am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and title | if applicable. (NOTE Registered | d Agent signature required | when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | | 00 May Be ed to Fees | |
| 10. | OFFICERS AND DIRE | CTORS | 8/2 / 77 / 1/27 / 1/2/ | Andrew Control of the | |
| NAME STREET ADDRESS CITY-ST-ZIP | FREEMAN, TERRY L 802 EAST NEW ORLEANS AVENUE TAMPA, FL 336034061 | | - CONTRACTOR AND | | 07534 30019-004 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | #602 Col 01 (1604) | | . <u></u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WR | ITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | an an anna an | IN THIS SPA | CE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | entra de la composição de La composição de la composição | |
| title name street address city-st-zip | | | | | g paranter a contract of the c |
| indicated of the cor | certify that the Information supplied with this find this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with all | and accurate and that my signati d to execute this report as requir | ure shall have the s | same legal effect as it made under oath; | that I am an officer or director |