2004 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Apr 22, 2004 08:00 AM Secretary of State		
1. Entity Nam	MENT # P000000646			Secreta	ry of State	
Principal Plac 15065 MCGF #102 FORT MYERS	REGOR BLVD	Mailing Address PO BOX 08177 FORT MYERS, FL 33908				
		IN THIS SPA		02192004 N	o Chg-P	CR2E034 (10/03)
	6. Name and Address of Current Reg			4. FEI Number 65-1015750 5. Certificate of Sta	· · · · · · · · · · · · · · · · · · ·	S8.75 Additional Fee Required
FLAHERTY, LESLIE 15065 MCGREGOR BLVD #102 FORT MYERS, FL 33908				しょうおんき とんし おおがく	DT WR IS SPA	的复数形式 化化合金合金 计正式 机械 网络拉拉拉斯
Constraints the 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 Sonaure, typed or proted name of registered agent and title if applicable. (#OTE: Registered Agent signature regured when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2884 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees		
10. THEE NAME STREET ADDRESS CITY-ST-ZP	OFFICERS AND DIF PD FLAHERTY, LESLIE 15065 MCGREGOR BLVD #102 FORT MYERS, FL 33908	ECTORS				25152
THLE NAME STREET ADDRESS DTY-ST-ZIP				0		25152 0072-017 150,00
177LE NAME STREET ADDRESS CITY-ST-ZIP TILLE				DO N		ITE
NAME STREET ADDRESS CATY - ST - ZIP						
TITLE NAME STREET ADDRESS CB y-ST-ZP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Forda 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 if changed, or on an attachment with an address, with all other live empowered. 						
SIGNATURE: AND THE CA PRINTED NAME OF SIGNAND OFFICER ON DURECTOR Date Desture Phone &						
