2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000069128

FILED Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90299 047 ***150.00

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206 BRANDON, FL 33511 2. Principal Pace of Business CO3 W. Lumsdan Rd Solite, Apt #, etc. 2. Solite, Apt #, etc. 3. Mailing Address CO3 W. Lumsdan Rd Solite, Apt #, etc. 3. Solite, Apt #, etc. 4. Solite, Apt #, etc. 3. Solite, Apt #, etc.			•				OANAS	1054	
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5. Certificate of Status Desired Fee Required 4 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name STOLL, RAY Sirest 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 diffice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and take 8 aspirable. SIGNATURE Signature, None or presed rame of registered agent and take 8 aspirable. NOTE Registered Agent squalure required when rerectating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS FILE NOW!!! FEE IS \$150.00 State Proposed Agent squalure required when rerectating DATE FILE NOW!!! FEE IS \$150.00 Price Registered Agent squalure required when rerectating DATE FILE NOW!!! FEE IS \$150.00 Price Registered Agent squalure required when rerectating DATE FILE NOW!!! FEE IS \$150.00 Price Registered Agent squalure required when rerectating DATE FILE NOW!!! FEE IS \$150.00 Price Registered Agent squalure required when rerectating DATE FILE NOW!!! FEE IS \$150.00 Price Registered Agent squalure required when rerectating DATE FILE NOW!!! FEE IS \$150.00 Price Registered Agent squalure required when rerectating DATE FILE NOW!!! FEE IS \$150.00 Price Registered Agent squalure required with, and the register Agent squalure required agent squalure requ	Bra	ndon, FL	Brandon	FL	,			No	t Applicabl
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CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not partify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not partify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not partify the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not partify the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not partify the exemption stated in Section 119.07(3)(ii), Florida Statutes.	After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D STOLL, RAY 1027 FRANKLAND ROAD TAMPA, FL 336295105 D MAIDENS, MARK 5508 KEELER OAK STREET	Trust Fund Cont DIRECTORS Delete Delete Delete Delete	TIDUTION. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	CHANGES TO OFF		☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
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