FILED Jun 18, 2004 8:00 am Secretary of State

5/10/

2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					05-10-2004 90459 011 ***150.00			
DOCUMENT # P00000072336					03-10	J-200 1 J0 1 3J	011 130.00	
1. Entity Name	9 ,							
FILLMAN	ENTERPRISES INC			1				
Principal Place	of Business	Mailing Address	L					
1371 HWY 19		1371 HWY 19 SO					e e	
PALATKA, FL 32177 PALATKA, FL 32177					-			
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				4. FEI Numbe 59-366		<u> </u>	Applied For Not Applicable	
					of Status Desired	\$8.75	Additional	
1.2 11 11 11	The state of the s	Land State Control	44.			Fee Rec	quired	
	6. Name and Address of Current Reg	Istered Agent	-		arani fotobal a			
FILLMAN,		پېستان مستند مدن	是为这个数	- no	NOT W	BITE	4.	
1371 HWY PALATKA,			100		2 7 6 4		and the second	
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	*		Y 25 . 15	1	The state of			
8. The above	named entity submits this statement for the	purpose of changing its registe	red office or registe	ed agent, or bo	h, in the State of Fl	orida. I am familiar	with, and accept	
the obligat	ions of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aigniture required when refretating) DATE								
	Signature, lyped or printed neare or registered about and in	(NOTE RESIDENT	20 VODE 20 20 100 100 100 100 100 100 100 100 1	was re-autory)		- UNIE		
	LE NOW!!! FEE 18 \$550.00	9. Election Campaign Fina		.00 May Be			1	
D	ue by September 8, 2004	Trust Fund Contribution	. 🗔 Āda	led to Fees				
10.	OFFICERS AND DIF	RECTORS						
TITLE NAME	PVST FILLMAN, MARTIN C		Parity &	and the same of the	The state of the s	A Company	4	
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CITY-ST-ZIP	PALATKA, FL 32177							
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TITLE] "							
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CITY-ST-ZIP			History Harm	שעייי	NOFY	/所以上。		
<u>.</u> ME				-IN	THIS S	PACE		
NAME STREET ADDRESS			The state of		CANAGES TALLARS ACTOMISMOS AND ASSESSMENT			
CITY-S1-2P		<u> </u>		المراجع فأجع أسرا				
TITLE	ч							
STREET ADDRESS	j		Service Control			A CONTRACTOR		
CITY-ST-7P								
1MLE						4.000		
NAME ETREET ANOMEON	·			m. Property		4.75		
STREET ADORESS CITY-ST-ZIP	,				and a second			
12. I hereby	certify that the information supplied with th	is liling does not qualify for the ex	temption stated in S	ection 119.07(3)	(i), Florida 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 missee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if								
SIGNATURE: MARTIN C. FILLMANTE 6/1/04 386.937-0706								
ALANIA T		حمسته کا کا	m. 1 / F7/1	ALLITT	1111111	286.6	137-0706	
SIGNAT	UHE:	THE NAME OF SIGNENG OFFICER OR DIRE	NZITA	VIA 2-	_ <i>G 110 1</i>	Daytine Ph		