


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90020 011 ***150.00

DOCUMENT # P00000085687	
1. Entity Name KOPECEK CORPORATION	

Principal Place of Business 2024 SW 42ND WAY #B APARTMENT #3A GAINESVILLE, FL 32607	Mailing Address 2024 SW 42ND WAY #B APARTMENT #3A GAINESVILLE, FL 32607
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34020330

2. Principal Place of Business 803 NE 12th Street	3. Mailing Address 803 NE 12th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.



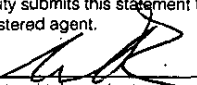
02202004 Chg-P CR2E034 (10/03)

City & State Ocala, FL	City & State Ocala, FL
Zip 34470	Country
Zip 34470	Country

4. FEI Number 65-1036507	Applied For <input type="checkbox"/> Not Applicable
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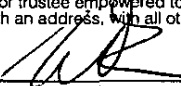
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOPECEK, ROMAN 2024 SW 42ND WAY #B GAINESVILLE, FL 32607	7. Name and Address of New Registered Agent Name Roman Kopecek Street Address (P.O. Box Number is Not Acceptable) 803 NE 12th Street City Ocala State FL Zip Code 34470
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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 Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 02-21-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOPECEK, ROMAN		NAME Roman Kopecek	
STREET ADDRESS 2024 SW 42ND WAY #B		STREET ADDRESS 803 NE 12th Street	
CITY-ST-ZIP GAINESVILLE, FL 32607		CITY-ST-ZIP Ocala, FL 34470	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 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 like empowered.	
SIGNATURE: 	DATE 02-21-04 352-629-7820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Roman Kopecek President	