20	ANNUAL REPORT (AR)								FILED						
DOCU I. Entity Nan	MENT #		•			Or!	FEB 1;	2 PH	1: <u>կ</u>		, }-	:			
CITY WIE	DE COMMU	C.					S	CPET LAMA	 G.=	STATE					
Principal Plac	ce of Business	Mailing Ad	Mailing Address				47-1	s to Port Contract	.l!!	CHIDA			-		
	ERS AVE STE FILLE FL 3221		6653 POWERS AVE STE #6 JACKSONVILLE FL 32217				-						ibel a fant		
2. Principal F	Place of Busines	3. Mailing	3. Mailing Address												
Suite, Apt	#, etc	Suite, Ap	Suite, Apt. #, etc.					МОС	ORE	CR2E	E034 (11,	(03)			
City & State			City & St	City & State				4. FEI	Number 59	9-3676:	372			plied For t Applicable	
Zip				Zip Con					ificate of Sta			Fee J	75 Add Required		
···	6. Name a	nd Address of Curre	nt Registered A	gent		Name		7. Nam	e and Addr	ess of Ne	w Registe	red Agen			
HAI	LL, DAVID	w		سيسسه خد عص		المتداء للاشتباد					عتــــــــــــــــــــــــــــــــــــ			ت مینینید ب	
978	84 HILLTOP CKSONVILL					Street Address (P O. Box Number is Not Acceptable)							· · · · ·		
						City						Ts	la dani		
						l			<u>–</u>			-	ip Code		
the obligat	tions of register				registere	ad office or reg	gistere	d agent	, or both, in t	he State o	f Florida.	I am famili	ar with,	and accept	
SIGNATURE	DAVID	W. HALL printed name of registared agr	P. P. ont and tills if applicable	Da.	A Registered	Agent signature re	A Derect	rhen reinsta	ing)		1-2	2-09	<u> </u>		
Afte	r May 1, 2004	FEE IS \$150.00 Fee will be \$550.0 Torida Department				<u></u>			9. Election Trust Fur	Campalgr		, 0	\$5.00 Added	D May Be to Faes	
D.	A rayasio to t		ID DIRECTORS		. 11.			ADDIT	IONS/CHAN	JGES TO I	DEFICERS	AND DIRE	CTORS	IN 11	
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iame	HENDRICKS, GALE				NAM		U00000020347				•				
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2. I hereby	certify that the in	nformation supplied w or supplemental report	ith this filing doe:	s not qualify for	the exer	nption stated i	in Sect	tion 119.	07(3)(i), Flor	ida Statut	es. I furthe	r certify th	at the in	formation	

SIGNATURE: _