C----**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED Jan 27, 2004 08:00 A Secretary of State

1. Entity Nan REESMA Principal Place 95 COUNTR	INLEY, INC. Se of Business Y CLUB LANE	Mailing Address P.O. DRAWER 569			56		iary or Su
MULBERRY,	rl 33800	BARTOW, FL 33831			i manal sayah astin astin sak		MINTE Belge a form belgeren at t er
	<u>, </u>						
				01052004	No Chg-P	CR2E	034 (10/03)
				4. FEI Numbe			Applied For
				59-367	9130 of Status Desired		Not Applicable \$8.75 Additional
	6. Name and Address of Cu	rrent Registered Agent		5. Celuadate	O) Skilos Desired		Fee Required
MARTIN	ELIZABETH R						
550 EAST	DAVIDSON ST FL 33830						
	112 00000						
				was a great			
	named entity submits this statem tions of registered agent.	ent for the purpose of changing its regi	stered office or registe	red agent, or bot	th, in the State of Flo	orida. Iam	familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable (NOTE Reg	stered Agent signature requires	d when reinstating)	·	DATE	
							<u> </u>
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$5	9. Election Campaign F Trust Fund Contribut		.00 May Be led to Fees			, 57
10. mle	OFFICERS PTD	AND DIRECTORS	-				
NAME	MARTIN, KEVIN I						
STREET ADDRESS CITY-ST-ZIP	550 E DAVIDSON ST BARTOW, FL 33830				U0000001	4091	
TITLE NAME	VSD MARTIN, ELIZABETH R			01	1/27/04-80	1009-0	118 150.00 T
STREET ADDRESS	550 E DAVIDSON ST		-				
CITY-ST-ZIP	BARTOW, FL 33830						
NAME							
SIREEI ADDRESS Eity-St-Zip	=	<u> </u>					· · · · · · · · · · · · · · · · · · ·
TITLE NAME			1				
STREET ADDRESS CITY-ST-ZIP		•		w			
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NAME STREET ADDRESS			1				
CITY-ST-ZIP			_]				
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the cor	potation or the receiver or trustee	with this filing does not qualify for the wort is true and accurate and that my sign empowered to execute this report as re ess, with all other like empowered.	exemption stated in Se gnature shall have the equired by Chapter 607	ection 119.07(3)(i same legal effect 7, Florida Statutes), Florida Statutes. I t as if made under o s; and that my name	further ce ath, that I appears	tify that the information am an officer or director in Block 10 or Block 11 if
SIGNAT	URE: That	DeMail		01.8	20.04		
~:~!!!!!	SIGNATUR AND TYPE	OR PRINTED NAME OF SIGNING OFFICER OR DE	RECTOR		Date		leytime Ptione #