FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100000960



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

1. Entity Nam	AN. LOOPARD, IN	16		04-26-2004 91015 046 *	**150.00	
	DO NOT WRITE	IN THIS SF	PACE	54042	405	
	lace of Business	3. Mailing Address	<u> </u>	<u> </u>	•	
Suite, Apt.	#, etc.	SAME Suite, Apt. #, etc.		DO NOT WRITE IN THIS SP	ACE	
City & State	TORIBURG FL	City & State		4. FEI Number 59-3689968	Applied For Not Applicable	
Zip 33	7/3 USA	Zip	Country	5. Certificate of Status Desired Fe	8.75 Additional see Required	
		Name Class			7. Name and Address of Current Registered Agent	
	DO NOT WI			(P.O. Box Number is Not Acceptable) 18 711 STOCKE 7 WORT)	ν.	
			City 57. /	PETERSBURG. FL	Zip Code	
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 .	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE	: Registered Agent signature required	d when reinstating) DATE		
	nuary 1 - May 1 Fee to \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10	OFFICERS AND D	PIRECTORS			del 21 de la company de la La company de la company de	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GheriA N. LEOPARD 1153487457RECT VOX 57 FOTORS BURG,)	-7H -1.33713	TITLE NAME STREET ADDRESS: CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CLIY-ST-ZIP	DO_NOT.WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TIFLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS. CITY: ST: ZIP			
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS			
CITY-ST-ZIP 12. I hereby	certify that the information supplied with	this filing does not qualify for	city-ST-ZIP the exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further certif	y that the information	

Thereby certify that the information sypplied with this filling 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 suppliemental 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 of trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all the repovered.