2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 91209 030 ***150.00

1. Entity Name	NT # P010000018	529				03-03-200	171207 030	130	,,,,,
Principal Place of B 1220 WILDWOOD I #105 NAPLES, FL 3290	LAKES BLVD.	Mailing Address 1220 WILDWOOD LAKES #105 NAPLES, FL 32902 3. Mailing Address	BLVD.						
	S. Shannon Ave	Suite, Apt. #, etc.	innon A	ve	11221227141	2:51 1:50: 2 2:11 2 5:11 2			10: 11 1221
City & State		City & State)4012004 FEI Number	Chg-P	CR2E034	·	olied For
Zip	clantic FL	Indialant	Country FL		59-3689		<u> </u>	Not	Applicable
32903	Name and Address of Current R	32963	<u>usa</u>			f Status Desired	Fee	.75 Addit	
HOLLINGSWO 1220 WILDWO #105	RTH, HEIDI OD LAKES BLVD.	legistered Agent	Name Street Ad	Heic	4 1	is Not Acceptat		# <u>\</u>	
NAPLES, FL 3	2902		City-t	201	5. 2r	annon	Ave 7	Zip Code	7
	ed entity submits this statement for	the purpose of changing its re	egistered office or	registered	A Q 🗥 agent, or both	, in the State of I		32 giliar with, a	añd accept
SIGNATURE	of registered agent. Life by blue of printed name of registered agent as	nth Hei	Ai Holl	INOSCA)ort	Reg.	Agent 1	4/2	8/04
	OWIII FEE IS \$150.00 , 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib		\$5.00 Added t	May Be to Fees				
TITLE TO A D	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/0	CHANGES TO O	FFICERS AND DI	RECTORS Change	IN 14 · 'v'
NAME HO	LLINGSWORTH, ROBIN 10 WILDWOOD LAKES BLVD. PLES, FL 32902	Decide .	NAME STREET ADDRESS CITY-ST-ZIP					Contango	CJ Abdition
STREET ADDRESS 122	ST LLINGSWORTH, HEIDI 10 WILDWOOD LAKES BLVD. PLES, FL 32902	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	125 1411 D\b1		banno	Heidi n Ave	Change ++ 1	Addition
NAME STREET ADDRESS. CITY-ST-ZIP		☐ Defetc	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS • CITY - ST - ZIP		-1/] Change	Addition
indicated on the	that the information supplied with its report or supplemental report is ion or the receiver or trustee emport on an attachment with an address, where	true and accurate and that my wered to execute this report a with all other like empowered.	y signature shall h	ave the sam apter 607, Fi	ne legal effect lorida Statutes	as if made unde	er oath; that I am :	an officer of lock 10 or	or director