2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					Mar 29, 2004 08:00			
1. Entity Nam	MENT # P010000510 EANING SERVICE, INC.	09 			Sec	retary of St	tate	
Principal Plac 5505 52ND BRADENTON	AVE. WEST	Mailing Address P.O. BOX 10923 BRADENTON, FL 34282						
	OO NOT WRITE I	CE	03222004 4. FEI Numbe 65-105	No Chg-P	CR2E034 (10/03)	ed For		
	6. Name and Address of Current Rec	istered Agent						
JOHNSTON, ROBERTA 4708 18TH AVENUE WEST BRADENTON, FL 34209					NOT WI			
	e named entity submits this statement for the flions of registered agent.	- · <u>22</u> 2	ed office or registe		th, in the State of Flor	ida. I am familiar with, and	l accept	
	Signature, typed or printed name of registered agent and lit	le il applicable. (NOTE, Registere	d Agent signature require	d when reinstating)	<u> </u>	DATE	والمراسين	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees				
10.	OFFICERS AND DIR	ECTORS						
title Name Street Address City-St-Zip	D MYNATT, KEITH P.O. BOX 10923 BRADENTON, FL 34282	<u> </u>			000000 	098201 80031-009 150.	00	
NAME STREET ADDRESS CITY-ST-ZIP	MYNATT, BETTY P.O. BOX 10923 BRADENTON, FL 34282							
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SP	ACE		
TITLE	<u> </u>	ى دردادى <u>.</u> خود دادى دادى دادى دادى دادى دادى دادى دا			 ==============================			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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: _

NAME STREET ADDRESS CITY-ST-ZIP TITLE 机械机 STREET ADDRESS CAY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR