

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2004 8:00 am**  
**Secretary of State**

01-07-2004 90030 005 \*\*\*158.75

**44000178**



01052004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3709535**

Applied For	
Not Applicable	

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

SCHIFINO, WILLIAM J ESQ.  
201 NORTH FRANKLIN STREET  
SUITE ~~2700~~ **2600**  
TAMPA, FL 33602

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHIBALD, GERALD MR.	
STREET ADDRESS	4611 RUE BORDEAUX AVENUE	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKWELL, GARY L	
STREET ADDRESS	6915 STATE ROAD 54	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, DEWEY D	
STREET ADDRESS	8600 STATE ROAD 54	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOCKMAN, RONALD S	
STREET ADDRESS	14141 STONEGATE DR.	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENDER JR., WILLIAM R	
STREET ADDRESS	4211 W. SAN RAFAEL ST.	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4211 W. SAN RAFAEL ST.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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: William R. Bender, Jr. **WILLIAM R. BENDER, JR.** JANUARY 5, 2004 **(813) 961-6200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SEC + TREAS Date Daytime Phone #