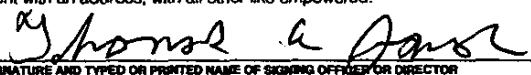


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90012 017 ***150.00

DOCUMENT # P01000016723 1. Entity Name STRAIGHT LINE INC.					
Principal Place of Business 7945 SE FAIRCHILD WAY HOBE SOUND, FL 33455			Mailing Address 7945 SE FAIRCHILD WAY HOBE SOUND, FL 33455		
2. Principal Place of Business 713 Commerce Way Suite, Apt. #, etc. Bay #27 City & State Jupiter, FL Zip 33458		3. Mailing Address 713 Commerce Way Suite, Apt. #, etc. Unit #27 City & State Jupiter, FL Zip 33458			
4. FEI Number 65-1078152		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAVOR, THOMAS E 7945 SE FAIRCHILD WAY HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 713 Commerce Way Unit #27 City Jupiter		
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.			DATE		
SIGNATURE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. ☐		
\$5.00 May Be Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAVOR, THOMAS E 7945 SE FAIRCHILD WAY HOBE SOUND, FL 33455	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JAVOR, CHARYL A 7945 SE FAIRCHILD WAY HOBE SOUND, FL 33455	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					