2004 FOR PROFIT CORPORATION

FILED May 05, 2004 08:00 AM Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT				May 05, 2004 08:00 A Secretary of State		
MENT # P010000188 RISE INVESTORS, INC.	63			Seci	ctary or state	
e of Business UG LAKE RD., #285 INGS, FL 32708	Mailing Address 5840 RED BUG LAKE RD., #28 WINTER SPRINGS, FL 32708	85) (1884 JULIS BANT BANA BANAN K BAN	
DO NOT WRITE IN THIS SPACE			01062004 4. FEI Numb 59-370			
5. Name and Address of Current Registered Agent ROBERTS, D. 5840 RED BUG LAKE RD., #285 WINTER SPRINGS, FL 32708						
tions of registered agent.					I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution		ncing	\$5.00 May Be Added to Fees			
OFFICERS AND DIF	RECTORS					
	ANNUAL I MENT # P010000188 RISE INVESTORS, INC. Re of Business UG LAKE RD., #285 INGS, FL 32708 DO NOT WRITE 6. Name and Address of Current Res S, D. BUG LAKE RD., #285 SPRINGS, FL 32708 Repaired entity submits this statement for the cons of registered agent. Signature typed or printed name of registered agent and the cons of registered agent. E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 OFFICERS AND DIF D ROBERTS, D. 5840 RED BUG LAKE RD., #285	ANNUAL REPORT MENT # P01000018863 RISE INVESTORS, INC. Re of Business Mailing Address Sad RED BUG LAKE RD., #285 INGS, FL 32708 MINTER SPRINGS, FL 32708 S. Name and Address of Current Registered Agent S. D. BUG LAKE RD., #285 SPRINGS, FL 32708 Registered agent. Signature reped or preted name of registered agent and title of applicative income of registered agent. Signature reped or preted name of registered agent and title of applicative income of registered agent. P. Electron Campaign Finan Trust Fund Contribution OFFICERS AND DIRECTORS D. ROBERTS, D. 5840 RED BUG LAKE RD., #285	MENT # P01000018863 THE RISE INVESTORS, INC. THE OF Business Mailing Address Mailing Address Sa40 RED BUG LAKE RD., #285 INGS, FL 32708 MINTER SPRINGS, FL 32708 THIS SPACE TO NOT WRITE IN THIS SPACE S. Name and Address of Current Registered Agent S. D. BUG LAKE RD., #285 SPRINGS, FL 32708 The named entity submits this statement for the purpose of changing its registered office or reticns of registered agent. Signature model or preted name of registered agent and title of applicable E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS D ROBERTS, D. 5840 RED BUG LAKE RD., #285	MENT # P01000018863 PRISE INVESTORS, INC. The of Business Mailing Address US LAKE RD., #285 S840 RED BUG LAKE RD., #285 INGS, FL 32708 MINTER SPRINGS, FL 32708 ONOT WRITE IN THIS SPACE 101062004 4. FEI Numb. 59-370 5. Certilicate 5. Name and Address of Current Registered Agent 5. D. BUG LAKE RD., #285 SPRINGS, FL 32708 DO IN Pharmed entity submits this statement for the purpose of changing its registered office or registered agent, or become of registered agent. Signature need or presed name of registered agent and tide of accordate NOTE Required Agent signature required when reinstational frust Free IS \$150.00 BY 1, 2004 Fee will be \$550.00 P. Electron Campaign Financing Trust Fund Contribution To Added to Fees OFFICERS AND DIRECTORS D ROBERTS, D. 5840 RED BUG LAKE RD., #285 WINTER SPRINGS, FL 32708 DO DO DO DO DO DO DO DO DO D	ANNUAL REPORT MENT # P01000018863 PRISE INVESTORS, INC. Pe of Business US LAKE RD., #285 S840 RED BUG LAKE RD., #285 INGS, FL 32708 MINTER SPRINGS, FL 32708 ONOT WRITE IN THIS SPACE 4. FEI Number 59-3707635 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent S. D. BUG LAKE RD., #285 SPRINGS, FL 32708 DO NOT WRITE IN THIS SPACE 1. FEI Number 59-3707635 5. Certificate of Status Desired IN THIS SPACE PO NOT WRITE IN THIS SPACE S. Name and Address of Current Registered Agent S. D. BUG LAKE RD., #285 SPRINGS, FL 32708 DO NOT WRITE IN THIS SPACE PO NOT WRITE IN THIS SPACE Septime who of preliced name of registered agent and side of account. Po Registered agent. Septime who of or preliced name of registered agent and side of account. Septime who of or preliced name of registered agent and side of account. Po Registered Agent septime of agent and side of account. PO ROBERTS, D. Septime who of or preliced name of registered agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent septime of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septime Registered Agent and side of account. PO ROBERTS, D. Septi	

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 thustee 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:

HILE

STREET ADDRESS CHY-ST-ZIP

NGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

108. 4/50/00

407-699-419