## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## DOCUMENT # P01000026612 1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

10.

TITLE

NAME

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP

CITY-ST-ZIP

MAME

TITLE NAME

TITLE NAME

TITLE

NAME

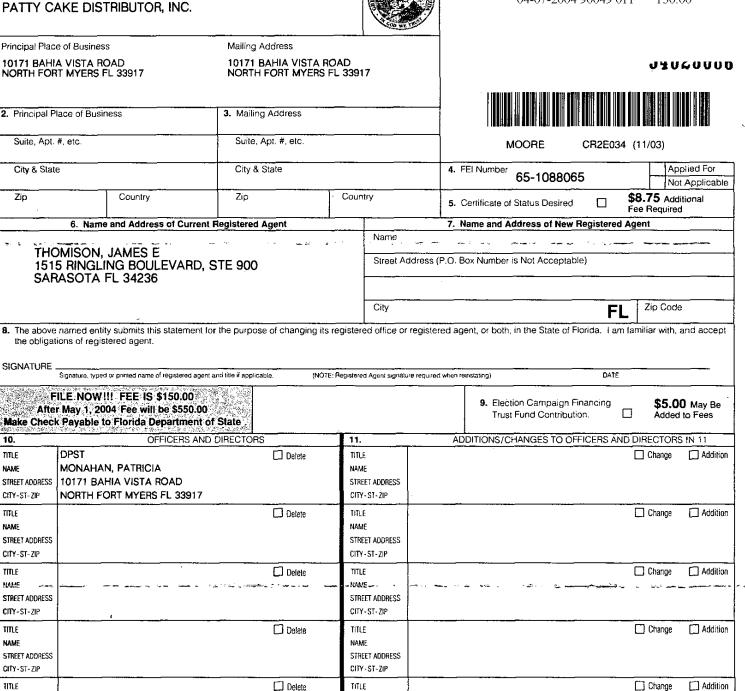
STREET ADDRESS CITY-ST-ZIP

DPST



## FILED Apr 07, 2004 8:00 am Secretary of State

04-07-2004 90049 011 \*\*\*150.00



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 vith an address, with all other like empowered

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE NATURE AND TYPED OR PRINTED NAME OF # -9-04 239-543-6203

☐ Change

Addition