## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Jan 30, 2004 08:00 AM Secretary of State

| 1. Entity Nam  | MENT # P0100003031   | 5  |                                       |  |                                   |                                       |
|--|--|--|---------------------------------------|--|-----------------------------------|---------------------------------------|
| Principal Place of Business Mailing Address  2411 LAKE MARGARET DRIVE 2411 LAKE MARGARET DRIVE ORLANDO, FL 32806 ORLANDO, FL 32806 |  |  |                                       |  |                                   |                                       |
|  | OO NOT WRITE IN  | and the second s | CE                                    | 01252004 Na Chg-P  4. FEI Number 59-3709237  5. Certificate of Status Desire | CR2E034 (1                        |                                       |
| 1516 E HIL<br>ORLANFO  | 6. Name and Address of Current Regist M BURNS CPA LLCREST ST STE 307 D, FL 32803   |  |                                       | DO NOT I   | PACE                              |                                       |
| the obligat  | e named entity submits this statement for the ptions of registered agent.  Signature, typed or printed name of registered agent and title if   |  | d Agenr signature required            |  | Florida. I am familia             | ar with, and accept                   |
|  | D NOLEN, KEITH   | Trust Fund Contribution.   |                                       | ad to Fees   | entrate of the second             |                                       |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME   | 2411 LAKE MARGARET DRIVE<br>ORLANDO, FL 32806  |  | e e e e e e e e e e e e e e e e e e e | . U000<br>   | 100022647<br>1 <b>4</b> -80053-00 | 3 150.00                              |
| STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   |  |  |                                       | anne arte y proprietti   |                                   | , , , , , , , , , , , , , , , , , , , |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | i                                     | DO NOT   | SPACE                             |                                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                                       | t vitt to this   | un office to the                  |                                       |
| NAME STREET ADDRESS CITY-ST-ZIP  | with that the information would be the fit   | :  |                                       | 440.7007   |                                   |                                       |
| indicated<br>of the cor  | cettly that the information supplied with this fill<br>on this report or supplemental report is true a<br>poration or the receiver or trustee empowered<br>, or on an attachment with an address, with all | nd accurate and that my signat<br>I to execute this report as requir   | ture shall have the s                 | rame legal effect as if made und   | er nath: that I am an             | officer or director                   |

Keith C. North 1/27/04 407-854-6733
FICER OR DIRECTOR

Date

Dayline From #