## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2004 08:00 AM Secretary of State

DOCUMENT # P01000037115  1. Entity Name DEWALT LAND SERVICES INC.				Secretary of State			
1978 NEPTUNE DRIVE 1978 NEPTU		Mailing Address 1978 NEPTUNE DRIVE ENGLEWOOD, FL 34223					
DO NOT WRITE IN THIS SPACE			CE	02122004 No Chg-P CR2E034 (10/03)  4. FEI Number			
	6. Name and Address of Current Re	gistered Agent					
	ROBERT FUNE DRIVE DOD, FL 34223		DO NOT WRITE IN THIS SPACE				
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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registerer			d Agent signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees	U000000 02/23/04-8	)62581 30127-020 150 00	
10.	OFFICERS AND DI	RECTORS .					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEWALT, ROBERT 1978 NEPTUNE DRIVE ENGLEWOOD, FL 34223						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TIVLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE					

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 eath; 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 attaching nt with an address, with all other like empowered.

CICNATURE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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941,477.9561