2004 FOR PROFIT CORPORATION:... ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

Principal Place of Business 800 BYPASS DRIVE #104 CLEARWATER FL 33764 2. Principal Place of Business Suite, Apri. #, etc. City & State City & State City & State Country Zip Country S. Centricate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHANNON, TED 800 BYPASS DRIVE #102 CLEARWATER FL 33764 City City City City FL Zip Code Sireet Address (P.O. Box Number is Not Acceptable) City City FL Zip Code Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Spatiars species principles with the \$550.00 After May 12 2004 Fee with the \$550.00 After May 12 2004 Fee with the \$550.00 After May 12 2004 Fee with the \$550.00 BOYLAN, JOSEPH SIRET MORES BOYLAN, JOSEPH SIRET MORES S
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Suite. Apl. #, etc. MOORE CR2E034 (11/03) Applied For Not Applicable 59-3720135 See Required 59-3720135 See Required 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Neme. SHANNON, TED 600 BYPASS DRIVE #102 CLEARWATER FL 33764 City FL Zip Code 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SOUND TEEL NOW III. FEE IS \$150.00 After May 1: 2004 Fife will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TILE MAKE Delete TILE MAKE Delete TILE MAKE ARCI WELLS MAN CITY-ST-2P CLEARWATER FL 33764 CITY-ST-2P CLEA
City & State City & State City & State City & State Country Country Country Country Country Country Country Country Country S. Certificate of Status Desired Search Additional Fee Required Street Address of New Registered Agent Name SHANNON, TED 600 BYPASS DRIVE #102 CLEARWATER FL 33764 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code B. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature hyped of private agent. Signature
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHANNON, TED 600 BYPASS DRIVE #102 CLEARWATER FL 33764 City FL Zip Code 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 apent and title # applicable (NOTE: Registered Agent sonature required when resulting) DATE FILE NOW!!! FEE: \$ 150.00 After May 1: 2004 Fee will be \$550.00 After May 1: 2004 Fee will be \$550.00 After May 1: 2004 Fee will be \$550.00 ITILE BOYLAN, JOSEPH STREET ADDRESS BOYLAN, JOSEPH CITY-ST-2P CLEARWATER FL 33764 TILE Delete TILE VP CAPAS DR 104 CITY-ST-2P CLEARWATER FL 33764 CREET ADDRESS STREET
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CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 supplied entry 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 repeiver or trusfee epipowered 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 a statchmapt with a diddress. With all forther like empreyered.