2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P01000052481** 1. Entity Name

FILED Apr 29, 2004 08:00 AM Secretary of State





Principal Place of Business

31599 4TH ST. SORRENTO, FL 32776

STREET ADDRESS CITY-ST-ZIP

Mailing Address PO BOX 169 SORRENTO, FL 32776



DO NOT WRITE IN THIS	SPACE
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A. H	
59-3748727	Not Applicat
4. FEI Number	Applied For

5. Certificate of Status Desired

01282004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

POLACKWICH, ALAN S SR CLEM, POLACKWICH, VOCELLE & BERG, L.L.P. 3333 20TH ST. VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE

No Chg-P

		+				
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	d office or r	agistered agent, or boti	n, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typod or printed name of registered agent and title	il applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOUGHAN, WILLIAM C 1949 DEERVIEW PLACE LONGWOOD, FL 32750				U00000140478 04/29/04-80163-015 1 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOUGHAN, DONALD L 404 E. WELCH RD APOPKA, FL 32703					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, ,		
TITLE NAME						

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 pustee emproyered 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 employered.

SIGNATURE