2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM

4/29/2004 352-302-1821

	MITTOML	KEPOKI		_	Sec	retar	y of State
1. Entity Nam	MENT # P010000570	033			~~~		y or a court
Principal Plac	ce of Business	Mailing Address					
140 SE 2ND		140 SE 2ND AVE.					
CRYSTAL RIV	/ER, FL 34429	CRYSTAL RIVER, FL 34429					
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					d	8.75 Additional	
				5. Certificate	of Status Desired		ee Required
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	, FRANKLIN T	DO NOT WRITE					
140 SE 2ND AVE. CRYSTAL RIVER, FL 34429							
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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 Plorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
	Signature, typed or printed name of registered agent and	The it applicable [NOTE: Hegisters	d Agent signature required	d when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be							
After M	.E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00		☐ Add	.00 May Be led to Fees	[
·					<u> </u>		
10.	OFFICERS AND D	RECTORS_	4		05/03/04-6	30148-0	24 150.00
TITLE	BRIDGES, LAHONNA B						
STREET ADDRESS	140 SE 2ND AVE.						
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		1				Ï
TITLE	D						
NAME	BRIDGES, FRANKLIN T						
STREET ADDRESS	140 SE 2ND AVE.						
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	Certify that the information supplied with the	is filing does not qualify for the eve	motion stated in So	oction 110 07/21	(i) Florida Statutos I	further corti	is that the information
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 attachment with an address, with all other like empowered.							
SIGNATURE: Funklin T. Joseph 4/29/2004 35-302-18 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Days							
SIGNAT	URE: THE AND THE OF THE	TED NAME OF SIGNING OFFICER OF DIRECT	noe .	41	<u>271200</u>	<u>ア ユ</u>	x-2-13
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