


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90255 019 ***150.00

DOCUMENT # P01000060512	
1. Entity Name 213 CIRCLE, INC.	

Principal Place of Business 213 CIRCLE SO. SEBRING FL 33870	Mailing Address 3790 ENCHANTED OAKS LN. SEBRING FL 33875
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04035932



MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3736785	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIVINGSTON, ROBERT E 445 S. COMMERCE AVE. SEBRING FL 33870
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7. Name and Address of New Registered Agent
Name
Street 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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	RIMER, JAMES M
STREET ADDRESS	3790 ENCHANTED OAKS LN.
CITY-ST-ZIP	SEBRING FL 33875
TITLE	<input type="checkbox"/> Delete
NAME	RIMER, KATHLEEN A
STREET ADDRESS	3790 ENCHANTED OAKS LN.
CITY-ST-ZIP	SEBRING FL 33875
TITLE	<input type="checkbox"/> Delete
NAME	BRENNER, EUGENE B
STREET ADDRESS	1631 ROOSEVELT AVE.
CITY-ST-ZIP	SEBRING FL 33875-4635
TITLE	<input type="checkbox"/> Delete
NAME	BRENNER, JOAN WEBER- S
STREET ADDRESS	1631 ROOSEVELT AVE.
CITY-ST-ZIP	SEBRING FL 33875-4635
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: James Rimer **JAMES RIMER** 4-15-04 883-414-1767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #