2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State

PRINCIPAL PRISE OF DESIRES PLANTATION, FL 33324 2. Principal Flace of Business 9. 21.0 CAK GROVE CIR Subsequence of Display Subsequenc	DOCUMENT # P0100063587 1. Entity Name RICHARD HAGGERTY, INC.					04-12-2004 90258 023 ***150.00			
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Name and Address of Current Registered Agent	DAVIE, FL DAVIE, FL			ounter	65-111	6363	N	ot Applicable	
Name Sirger Address (P.O. Box Number is Not Acceptable) R	33328-6934 USA 33328-6934 W			ĄŻŰĨ	5. Certificate	of Status.Desired	Fee Require	ditional ed — –	
Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 8. The above named with 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 interesting of registered agent, or both, in the State of Florida. I am familiar with, and accept interesting of registered agent. SIGNATURE State of Florida. I am familiar with, and accept interesting of the florida statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept interesting of the florida statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept interesting	•				7. Name and	Address of New R	legistered Agent		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE PST HAGGERTY, RICHARD R SIREET ADDRESS CITY-ST-2IP PLANTATION, FL 33324 TITLE VPD HAGGERTY, RICHARD R SIREET ADDRESS CITY-ST-2IP TITLE Delete TITLE NAME HAGGERTY, RICHARD R SIREET ADDRESS CITY-ST-2IP TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE Delete Delete Delete TITLE Delete Del	the obligations of registered agent.								
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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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Daylorne Prone #