2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPID OF

FILED
Jan 31, 2005 08:00 AM
Secretary of State

	AITITUME	REPURI				, ,	CCI
1. Entity Nam	MENT # P0100065		Secretary of State				
Principal Plac	e of Business	Mailing Address		1			
240 BOBWH	ite RD -	240 BOBWHITE RD					
ROYAL PALM	1 EACH, FL 33411	ROYAL PALM EACH, FL 3341	1	1			
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				04222004 No Chg-P CR2E034 (10/03)			
	O NOT WRITE	CE	A FELNivers			Applied For	
			_	4. FEI Numb 65-111			Not Applicable
					of Status Desired	\$8.°	75 Additional
	A Name and Address of Courses	Paulata and Banash	Antonia ser signa se	, Di Certinoate		Fee	Required
	6. Name and Address of Current	Hegistered Agent	 ·				
	WER, KIMBERLY		DO	NOT W	RITE		
240 BOBWHITE ROAD ROYAL PALM BEACH, FL 33411							
				IN 7	THIS SP	ACE	
			ĺ				
• The character	named entity submits this statement fo	- the average of the action to receive	and affice of the lates	<u> </u>	the in the State of Flo	rido I am famili	or with and apport
	named entity submits this statement to ions of registered agent.	r the purpose of changing its register	ed place or register	ed agent, or bo	in, in the state of Fic	iiua. Faiii jaiiwa	ai wiiii, aiid accept
		· · · · ·					
SIGNATURE_	Signature, typed or printed name of registered agent	and title il applicable (NOTE, Registeri	ed Agent signature required	t when reinstating)		DATE	
	E NOW!!! FEE 18 \$150.00 ay 1, 2004 Fee will be \$550.	S. Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees			- -
10.	OFFICERS AND	DIRECTORS	1				
TITLE	VD						
NAME	BARTONE, TAMMY				02/01/05-	1208023	er iro on
STREET ADDRESS	240 BOBWHITE RD			05/01/02-	.gnnp1_ns	⊅ 15U.UU	
CITY-ST-ZIP	ROYAL PALM EACH, FL 33411				s . · · <u>-+</u>	=	
TITLE	SD						
NAME	NEJBAUER, MARCIA						
STREET ADDRESS CITY - ST - ZIP	240 BOBWHITE RD ROYAL PALM EACH, FL 33411						
TITLE	NOTAL PALM EAGIT, TE 33411			- ,	, - -		
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CITY-ST-ZIP				יטע	NOT W	UIIE	
TITLE				IN "	THIS SF	PACE	
NAME STOCKY ADDOCED			I	** *			
STREET ADDRESS CITY-ST-ZIP							
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TITLE			1				
NAME			I				
STREET ADDRESS			1				
CITY-ST-ZIP				Tag Calaban and Alla			it sien
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporation	this filing does not qualify for the exe true and accurate and that my stone	emption stated in Se sture shall have the	ection 119.07(3) same legal effec	(i), Florida Statutes. I ct as if made under o	further certify the	nat the Information
of the cor	poration or the receiver or trustee empty or on an attachment with an address,	owered to execute this report as requirith all other like empowered	ired by Chapter 607	7, Florida Statute	es; and that my name	appears in Blo	ck 10 or Block 11 if
	1/04 000 11	20			\	- O4 O	•

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

56/333/66/7