2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000080908



FILED Apr 30, 2004 8:00 am Secretary of State

Tort Myers, Florida 65-1131632	1. Entity Nar	ne R PUERTO RICO, INC.			04-3	30-2004 90295	i 042 ***	*158.75
Sulfic. Apt. #. etc.	ATTN: VERM	non J. Troyer Yer Bros. Road	ATTN: VERNON J. TR POST OFFICE BOX 59	99		FEIR FEIR BÈIR! 19111 BEN) (2) dund:	(1 120) (1 140)
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E. Name and Address of Current Registered Agent Fee Required Free Required	City & State			Florida	ı			oplied For ot Applicable
S. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FIL Zip Code FIL Added to Fost, in the State of Florida. I am famillat with, and the colligations of registered agent, or both, in the State of Florida. I am famillat with, and the colligations of registered agent, or both, in the State of Florida, in the State o	Zip	Country		, .	5. Certificate of Status Des			
Surget Address (P.O. Box Number is Not Acceptable) Sirect Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current		1 USA	7. Name and Address of			
SITE ADDITIONS (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	DUIDD D	N/ID 0	-	Name				
NAPLES, FL 34103 City FL Z4p 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 the obligations of registered agent to registered agent of statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and the obligations of registered agent and the flapolatopia. (NOTE: Registered Agent agentiar required inher registered agent, or both, in the State of Florida. I am familiar with and the obligations of registered agent. ISIGNATURE SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee with be \$850.00 OFFICERS AND DIRECTORS IN THE DP TROYER, MERNON J TROYER FROS ROAD FROYER, MERNON J THE NAME CITY-SI-2P FORT MYERS, FL 33913 CITY-SI-2P FORT MYERS, FL 33913 CITY-SI-2P FORT MYERS, FL 33913 TITLE DST Detect TITLE DAV TROYER, BROTHERS ROAD FORT MYERS, FL 33913 CITY-SI-2P FORT MYERS, FL 33913 TITLE DAV RIME DAV RIMERA JOSE SIRET AUBRISS CITY-SI-2P FORT MYERS, FL 33913 CITY-SI-2P FORT MYERS, FL 34103 CITY-SI-2P FORT	3033 RIVI	ERA DRIVE		Street Addre	ess (P.O. Box Number is Not Acce	eptable)		
B. The above named entry submits this statement for the purpose of changing its registered algent, or both, in the State of Horida. Lam familiar with, and the obligations of registered agent. Signature					•			
SIGNATURE Signature, typed or skritted remore of registered agent and see if applicable. (NOTE: Registered Agent agents recogned when remaining) PILE NOW!!! FEE IS \$150.00 Affor May 1, 2004: Fee will be \$550.00 OFFICERS AND DIRECTORS IN TITLE DP TROYER, VERNON J TROYER, VERNON J TITLE DV TROYER, DAVID 14700 TROYER BROSTHERS ROAD SIREST ADDRESS CITY-ST-2P FORT MYERS, FL 33913 CITY-ST-2P TITLE DST TROYER, DONALD TROYER, DONALD TROYER, SFL 33913 CITY-ST-2P TROYER, JOSE TROYER, JOSE TROYER, JOSE TROYER, JOSE TROYER, JOSE TROYER, JOSE TITLE DAV MAKE SIREST ADDRESS CITY-ST-2P TITLE DAV TROYER, JOSE TROYER, SFL 33913 CITY-ST-2P TITLE DAV MAKE SIREST ADDRESS CITY-ST-2P TITLE AS SIREST ADDRESS CITY-ST-		<i>₹</i> *		City		FL	Zip Cod	e
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TITLE 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 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 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 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 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 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 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 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 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 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 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 supplied with t	TITLE NAME STREET ADDRESS	AS BUDD, DAVID G 3033 RIVIERA DRIVE, SUITE 20		TITLE NAME STREET ADDRESS			Change	Addition
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Blochanged, or on an attachment with an address, with all other like empowered. SIGNATURE: 4/26/04 (239) 263-7700	12. I hereby indicates of the co-	d on this report or supplemental report is or poration or the receiver or trustee empt, or on an attachment with an address,	s true and accurate and that owered to execute this repo	for the exemption stated in it my signature shall have ort as required by Chapter	the same legal effect as if made (607, Florida Statutes; and that m	under oath; that I ar ny narne appears in	n an officer Block 10 o	r or director or Block 11 if