

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90057 041 ***158.75

44013410



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3744472	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~EORTNER, KEN W~~ **CONNIE S. BEATY**
~~210 BUNKER CT.~~ **4070 MONZA DR**
~~DEBARY, FL 32743~~ **NEW SMYRNA Bch FL**
32168

**DO NOT WRITE
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE Connie S. Beaty Connie S. Beaty 02/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DP	EORTNER, KENNETH W
NAME	210 BUNKER CT.
STREET ADDRESS	DEBARY, FL 32743
CITY-ST-ZIP	
TITLE DV	BEATY, GREGORY T
NAME	4070 MANZA DRIVE
STREET ADDRESS	NEW SMYRNA BEACH, FL 32168
CITY-ST-ZIP	
TITLE DP	CONNIE S. BEATY
NAME	4070 MONZA DR
STREET ADDRESS	NEW SMYRNA Bch FL
CITY-ST-ZIP	32168
TITLE DS - SECRETARY & TREAS	AdAm BEATY
NAME	4070 MONZA DR
STREET ADDRESS	NEW SMYRNA Bch, FL
CITY-ST-ZIP	32168

**DO NOT WRITE
IN THIS SPACE**

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 Connie S. Beaty Connie S. Beaty 02/17/04 (386) 586-1109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #