## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Mar 23, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P0100009624 SOCIATES, INC.	4			500	ictai y	oi State
Principal Place 1357 FAIPA CPANGE PA	MYVILLAGEER 1	ailing Address 1357 FARMYVILLAGEDR JPANGEPÄRK, FL. 32003					<b>1</b> 77   1677   1700
	O NOT WRITE II	a page 1 and 1	CE	01052004 4 FEI Numb 59-375	No Chg-P	CR2E034 (1	-(-1
	6. Name and Address of Current Regis	tered Agent		-, ··· ; ¬¬. ·		Land Acre	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL. 33145				DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the itions of registered agent.  Signature, typed or printed name of registered agent and title			pistered agent, or bo quined when electring)	th, in the State of Flo	orida. I am familia	r with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.			noing	\$5.00 May Be Added to Fees		00094634	در : المحاربة رحم مستوان ومعاور
10.	OFFICERS AND DIRE	CTORS	1		U3/ Z3/ U*	<del>    \$0004-6</del> ;	11 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD COBBS, MARY T 1357 FAIRWAY VILLAGE DR ORANGE PARK, FL 32003			·		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	e de la companya de l
NAME Street Address City-St-Zip						.e	e est
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
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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 triat my signature shall have the same legal effect as if made under cath; 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: .

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Mary T Cobles MARY COBBS