## 2004 <u>FOR PROFIT CORPORATION</u> ANNUAL REPORT

## FILED Apr 15, 2004 08:00 AM Secretary of State

| 1. Entity Nan   | MENT # P0100010577  | 0                                |                        |                         | Secre                  | tary or          | State                      |
|---|---|----------------------------------|------------------------|-------------------------|------------------------|------------------|----------------------------|
| Principal Plac  | e of Business N   | lailing Address                  |                        |                         |                        |                  |                            |
| 3381 CIRCLI   |   | 3381 CIRCLE DR.                  |                        |                         |                        |                  |                            |
| GUEF DREEZ  | E, FL 32563   | GULF BREEZE, FL 32563            |                        |                         |                        |                  |                            |
|   |   | -                                |                        |                         |                        |                  |                            |
|   |   |                                  |                        | 04122004                | No Chg-P               | CR2E034          | (10/03)                    |
|   | O NOT WRITE II  | N THIS SPA                       | CE                     | 4. FEI Numbe            | sr                     |                  | Applied For                |
|   |   |                                  |                        | 91-216                  | 5820                   |                  | Not Applicable             |
|   |   |                                  |                        | 5. Certificate          | of Status Desired      |                  | .75 Additional<br>Required |
|   | 6. Name and Address of Current Regis                                  | stered Agent                     |                        |                         |                        |                  |                            |
| 3381 CIRC<br>GULF BRI   | EEZE, FL 32563  | DO NOT WRITE IN THIS SPACE       |                        |                         |                        |                  |                            |
| the obligat   | named entity submits this statement for the ions of registered agent. | purpose of changing its register | red office or register | ed agent, or bot        | h, in the State of Flo | orida. I am fami | liar with, and accept      |
| SIGNATURE.  | Signature, typed or printed name of registered agent and title        | ед Аделі зідпаште георінер       | when reinstating)      | <u> </u>                | DATE                   | ·                |                            |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution. |   |                                  |                        | 00 May Be<br>ed to Fees |                        |                  |                            |
| 10.   | OFFICERS AND DIRE   | CTORS                            |                        |                         |                        |                  |                            |
| TITLE   | P   |                                  |                        |                         |                        |                  |                            |
| NAME<br>STREET ADDRESS  | SPRINGER, THOMAS<br>3381 CIRCLE DR.                                   |                                  |                        |                         |                        |                  |                            |
| CSTY - ST - ZIP   | GULF BREEZE, FL 32563   |                                  |                        |                         |                        |                  |                            |
| INTE  |   |                                  |                        |                         | e amonto monto         | يسيسميسا بعد د د |                            |
| NAME  |   |                                  | I                      |                         | U00000<br>-04/15/04    | 1113((2          | 22 fth de                  |
| STREET ADDRESS<br>CITY-57-Z/P   |   |                                  | I                      |                         | 04/10/04               | -0:UC1-))        | 23 130.00                  |
| TIFLE   |   | <u> </u>                         | 1                      |                         |                        |                  |                            |
| NAME  |   |                                  |                        |                         |                        |                  |                            |
| STREET ADDRESS  |   |                                  |                        | no                      | NOT W                  | DITE             |                            |
| DTY - \$7 - 21P   |   |                                  | 3                      | UU                      | INCL VV                | DIL              |                            |

12. I hereby 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 indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under call; that I am an officer or director of the corporation or the receiver or trustee employered to execute this peport 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04

IN THIS SPACE

850934-2743