## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

| Address of Business 116 SLADE DR. LONGWOOD, FL 32750  2. Principal Flace of Business Suite, Apt. #, etc. S   |
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| 2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4292004 ChgP CR2E034 (10/03)  City & State  City & State & Country  City & State  City & State & Country  City & State  City & State  City & State & Country  City & FL Zip Code  8. The above named oldly submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accountry of registered agent.  SIGNATURE  City & FL Zip Code  8. The above named oldly submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accountry of registered agent.  SIGNATURE  City & FL Zip Code  8. The above named oldly submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accountry of registered agent.  SIGNATURE  SIGNATURE  Signature, hyodo or printed rame of registered agent      |
| Suite, Apt. II, etc.  Suite, Apt. II, etc.  Suite, Apt. II, etc.  Suite, Apt. II, etc.  Od292004 Chg-P CR2E034 (10/03)  Chy & State  Country  Zip  Country  Zip  Country  Countr   |
| City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S8.75 Additional Fee Required  Fee Required  Fee Required  Fee Required  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  City  FL  City  City  City  City  FL  City  City  City  City  City  FL  City  City  City  FL  City  City  City  FL  City  City  City  FL  City  City  City  City  City  City  FL  City     |
| Country   Zip   Country   Sip   Country   Sip   Country   Sip   Country   Sip   Si     |
| 8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  DEVORE, ROSA 685-B GEORGIA AVE. LONGWOOD, FL 32750  City  FL Zip Code  8. The above named solity 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 accorded obligations of registered agent.  SIGNATURE  Signature, hoped or proted name of registered agent and stel of applicable  (NOTE: Registered Agent agent required when rematching)  DATE  FILE NOWILL FEE IS \$150.00  After, May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  DEVORE, ROSA  68-B GEORGIA AVE.  City  FL Zip Code  (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accorded to be contributed by the state of Florida. I am familiar with, and accorded to be contributed by the state of Florida. I am familiar with, and accorded to be contributed by the state of Florida. I am familiar with, and accorded to be contributed by the state of Florida. I am familiar with, and accorded to be contributed by the state of Florida. I am familiar with, and accorded to be contributed by the state of Florida. I am familiar with, and accorded to be contributed by the state of Florida. I am familiar with, and accorded to be contributed by the state of Florida. I am familiar with, and accorded to be contributed by the state of Florida. I am familiar with, and accorded by the state of Florida. I am familiar with, and accorded by the state of Florida. I am familiar with, and accorded by the state of Florida. I am familiar with, and accorded by the state of Florida. I am familiar with, and accorded by the state of Florida. I am familiar with, and accorded by the state of Florida. I am familiar with, and accorded by the state of Florida. I am familiar with, and accorded by the state of Florida. I am familiar with, and accorded by the state of Florida. I am familiar with, and accorded by the state of Florida. I am familiar with, and accorded by |
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| DEVORE, ROSA 685-B GEORGIA AVE. LONGWOOD, FL 32750  City  FL  Zip Code  8. The above named eality 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 acc after obligations of registered agent.  SIGNATURE  Signature, hypod or protect name of registered agent and title if applicable  (NOTE: Registered Agent agonature required when renestating)  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME SIREET ADDRESS  TITLE  Delete  TITLE  Sage Dollie C  Change Add  TOTAL STREET ADDRESS  STREET AD   |
| Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  8. The above named egity 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 acc it is obligations of registered agent.  SIGNATURE  Signature, hypodic printed name of registered agent and the if applicable  (NOTE: Registered Agent agenture required when renstating)  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  STOOM May Be Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE NAME SIREIT ADDRESS SIREIT ADDRESS LONGWOOD, FL 32750  Delete  TITLE NAME SIREIT ADDRESS STREET ADDRESS STR   |
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