2004 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Feb 27, 2004 8:00 am

1. Entity Name	MENT # P01000121 PIRATORY, INC.				1 ary 01 S 04 90030 026 ***			
Principal Place of Business 1515 E. SILVER SPRINGS BLVD. SUITE 128 OCALA, FL 34470		Mailing Address 1515 E. SILVER SPRINGS BLVD. SUITE 128 OCALA, FL 34470			1 - 4	EFINET CAPA		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242004	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Numb	er 0 5132 03-0		Applied For Not Applicable	
Zip	Country	Zip	Country		of Status Desired	S8.75 Ac Fee Requir		
	6. Name and Address of Current		7. Name and	Address of New F	Registered Agent			
		Name	e in the		لكالمنيك كالارزان			
ORTIZ, GEORGE 1515 E. SILVER SPRINGS BLVD. SUITE 128			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
OCALA, FL					۲	ļ		
•			City		-	FL Zip Co	ode	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or bo	oth, in the State of FI	orida. I am familiar witl	h, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent signature require	ed when reinstating)		DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campai Trust Fund Cont		5.00 May Be ded to Fees				
10. OFFICERS AND DIRECTORS			11.	ADDIT!ONS	/CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
TITLE	PDTS	☐ Delete	TITLE			☐ Change	Addition	
NAME	BEEBE, GEORGE S		NAME			_ ,	_	
STREET ADDRESS	6925 S.W. 18TH TERR. RD.		STREET ADDRESS					
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP					
TITLE	VD BEEBE, JANE S	☐ Delete	TITLE NAME			Change	Addition	
NAME OXDEET ADDRESS	6925 S.W. 18TH TERR. RD.		STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
G111-31-21F	OCALA, FL 34476							
TITLE		☐ Delete	TITLE			☐ Change	e 🔲 Addition	
NAME			NAME CTREET A DODE OF				l	
STREET ADDRESS	Line of the Company o		STREET ADDRESS CITY-ST-ZIP					
		——————————————————————————————————————	_			[Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	, Programme	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			١		
			TITLE			☐ Change	Addition	
TITLE		☐ Delete	1			Cuange	, D Various	
NAME Street address			NAME STREET ADDRESS					
CITY-ST-ZIP	,		CHTY-ST-ZIP					
		□ n-1-1-				☐ Change	a 🔲 Addition	
TITLE		☐ Delete	TITLE NAME			спанус	, LI Addition	
NAME STREET ADDRESS	1.77		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
	L	1 11 10 1		2000	With Elected Change	I formalism and self-self-self-self-self-self-self-self-	- i=four-c*:	
indicated	certify that the information supplied wit I on this report or supplemental report rooration or the receiver or trustee emo	is true and accurate and that r	my signature shall have the	e same legal effe	ect as if made under	oath; that I am an offic	er or director	

changed, or on an attachment with an address, with all other like empowered.

Jane S. Beebe