2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2004 08:00 AM

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DO NOT WRITE IN THIS SPACE 0.1192004 No.0 4. FEI Number 59-3/10/2141 5. Cartificate of Status 6. Name and Address of Current Registered Agent KOWENSKI, LISA K 10190 109 STREET NORTH SEMINOLE, FL 33772 8. The above named entity submits this statement of the purpose of attending its registered office or registered agent, or both, in the the deligations of registered agent. SIGNATURE FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee with 16 \$550.00 RELE MANE KOWENSKI, LISA K 10190 109 STREET NORTH SEMINOLE, FL 33772 ITIL MANE SIREL ADDRESS CITY-51-2P	Secretary of State
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KOWENSKI, LISA K 10190 109 STREET NORTH SEMINOLE, FL 33772 S. The above named entity submits this statement of the purpose of affinging its registered office or registered agent, or both, in the the obligations of registered agent. SIGNATURE Signature. FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. DP KOWENSKI, LISA K SIREEL AUGRESS 10190 109 STREET NORTH SEMINOLE, FL 33772 ITILE DV KOWENSKI, EUGENE SIREEL AUGRESS 10190 109 STREET NORTH SEMINOLE, FL 33772 ITILE MAKE SIREEL AUGRESS 10190 109 STREET NORTH SEMINOLE, FL 33772 TITLE MAKE SIREEL AUGRESS CITY-ST-2P	Chg-P CR2E034 (10/03) Applied For Not Applicable Specified Specif
the obligations of registered agent. SIGNATURE Signature, syneto tryphiled name of registered agent and like if applicable (NOTE Registered Agent signature required when reinstating) FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS IRLE MAME KOWENSKI, LISA K 10190 109 STREET NORTH SEMINOLE, FL 33772 IRLE NAME SIREET ADDRESS CITY-ST-ZP	T WRITE S SPACE
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U.S. 10. OFFICERS AND DIRECTORS IRLE DP KOWENSKI, LISA K STREET ADDRESS CITY-ST-2P ITTLE DV KOWENSKI, EUGENE STREET ADDRESS CITY-ST-2P SEMINOLE, FL 33772 ITTLE MAME STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS CITY-ST-2P	State of Florida. I am familiar with, and accep
IRLE MAME KOWENSKI, LISA K STRECT ADDRESS CITY-ST-2P SEMINOLE, FL 33772 TITLE DV MAME STREET ADDRESS CITY-ST-2P SEMINOLE, FL 33772 ITTLE MAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	U00000095592 /24704-80039-020 150.00
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NAME STREET ADDRESS DITY-ST-ZIP 12. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florid indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if m of the corporation or the receiver or trustee empowered to execute this report as regarded by Chapter 607, Florida Statutes; and if changed, or on an attachment with an address, with all other like empowered.	a Statutes. Flurther certify that the information ade under cath, that I am an officer or director at my name appears in Block 10 or Block 11 in 18 A C

SIGNATURE AND TYPED OF MINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _