
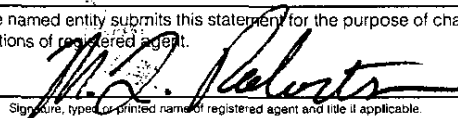
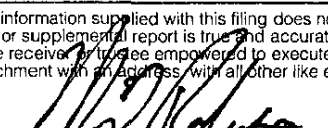


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90008 007 \*\*\*150.00

<b>DOCUMENT # P02000026303</b> 1. Entity Name <b>ALTIER &amp; ROBERTSON, P.A.</b>					
Principal Place of Business <b>1800 SECOND ST, STE 830 SARASOTA, FL 34236</b>			Mailing Address <b>1800 SECOND ST, STE 830 SARASOTA, FL 34236</b>		
2. Principal Place of Business <b>1800 SECOND ST.</b> Suite, Apt. #, etc. <b>SUITE 882</b> City & State <b>SARASOTA, FL</b> Zip <b>34236</b>		3. Mailing Address <b>1800 SECOND ST.</b> Suite, Apt. #, etc. <b>SUITE 882</b> City & State <b>SARASOTA, FL</b> Zip <b>34236</b>		4. FEI Number <b>75-3027350</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERTSON, MICHAEL T 1800 SECOND ST, STE 830 SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>Michael T. Robertson</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 Second St., Suite 882</b> City <b>SARASOTA</b> FL Zip Code <b>34236</b>		
8. The above named entity 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 accept the obligations of registered agent. SIGNATURE  <b>Michael T. Robertson</b> DATE <b>5/16/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERTSON, MICHAEL T</b> <b>1800 SECOND ST, STE 830</b> <b>SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALTIER, DAVID A</b> <b>1800 SECOND ST, STE 830</b> <b>SARASOTA, FL 34236</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 that my signature shall have the same legal effect as if made under oath; 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: 			<b>5/16/2004 (944)365-7220</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		