## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2004 08:00 AM Secretary of State

Daytime Priume #

	- CHASSAN	<u> </u>			Sacro	tary of State
1. Entity Narr	MENT # P020000358	389			Secre	tary or State
Principal Plac	e of Business	Mailing Address		Į		
4150 N HWY	19A	POST OFFICE BOX 402				
MOUNT DOR	A, FL 32757	TAVARES, FL 32778		3		
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				DD-5004 (40/00)		
DO NOT WRITE IN THIS SPACE				03082004 No Chg-P CR2E034 (10/03)		
				4. FEI Numb		Applied For
				47-086		Not Applicable
						- \$8.75 Additional
			• •	5. Certificate	of Status Desired	Fee Required
	6. Name and Address of Current R	gistered Agent				
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G. EDWARD CLEMENT				חח	NOT W	RITE
308 EAST FIFTH AVENUE						
MOUNT DORA, FL 32757			1	IN "	THIS SP	PACE
		•		***		, ( )
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renatating)  DATE						
Signature, typed or printed name or registered agent and the 1 applicable.  WO'L registered agent agen						
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ded to Fees	03/10/04-	1082581 -80001-007 150.00
10.	OFFICERS AND D	RECTORS				
TITLE	D		I			
NAME	TUTIN, LOUIS B		I			
STREET ADDRESS	216 FERN AVENUE		1			
CITY SI - ZIP	TAVARES, FL 32778		4			
TITLE			1			
NAME						
STREET ADDRESS			1			
City-S1-Zip			4			
TITLE	[		1			
NAME			1			
STREET ADDRESS			1	DO	NOT W	RITE
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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.						
of the co	inporation or the receiver or trustee empor	vered to execute this report as requite all other like empowered	zired by Chapter 60	77, Florida Statul	tes; and that my nam	e appears in Block 10 or Block 11 il
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURÉ: