## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90751 039 \*\*\*150.00

Mailing Andress 35 SW 4TH AVE. #1 Principal Place of Business 35 SW 4TH AVE. #1 Principal Place of Business Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State Cit	1. Entity Nam	MENT # P0200003 ENTERPRISES, INC.	6374				03-03-2004	J0751 0.	150	7.00
35 SW 4TH AVE. #1  PFOCOP Place of Blusiness  Suite, Act. et al.				"						
AKE BUTLER, FL 32054  LAKE BUTLER, FL 32054	Principal Place	e of Business	Mailing Address			1				
Suite, Apt. #, etc.  City & State  City & State  Country  Zp  Country  Zp  Suite, Apt. #, etc.  Suite, Apt. #, etc				054						
City & State  Country  Zin  Zin  Zin  Zin  Zin  Zin  Zin  Zi	2. Principal P	lace of Business	3. Mailing Address		<del></del>					
Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04282004	Chg-P	CR2E0	34 (10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name	City & State	e -	City & State						<del></del>	
Name  ANDLY, CATHY L 20 WEST MAIN STREET  AKE BUTLER, FL 32054  The above named antity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent.  IGNATURE  Signature, for add prime instead of eligible agent and life it galaceste.  (PATE fregistered Agent Stratum enumeration)  9. Election Campaign Financing  FILE NOWNII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ARE HARDES AGENT ADDRESS  OFFI-5-79  LAKE BUTLER, FL 32054  INE.  ANG.  BRIT ADDRESS  OFFI-5-79  LAKE BUTLER, FL 32054  INE.  ANG.  BRIT ADDRESS  OFFI-5-79  LAKE BUTLER, FL 32054  INE.  ANG.  SIRET ADDRESS  OFFI-5-79  LAKE BUTLER, FL 32054  INE.  ANG.  SIRET ADDRESS  OFFI-5-79  INE.  ANG.  SIRET ADDRESS  OFFI	Zip	Country		Country		5. Certificate	of Status Desired			
INDIV_CATHY L 2D WEST MAIN STREET AKE BUTLER, FL 32054  City  FL Zip Code  City  City  FL Zip Code  City  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  City  City  FL Zip Code  City  City  FL Zip Code  City  FL Zip Code  City  City  City  FL Zip Code  City  City  City  City  FL Zip Code  City  City  City  City  City  City  City  City  FL Zip Code  City		6. Name and Address of Currer	nt Registered Agent		Nama	7. Name and	d Address of New F	legistered /	Agent	
City FL Zip Cods  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the originative diagent.  IGNATURE Separah flored or primed varied agent and flored agentable. (NOTE Registered Agent algorithms received agent.)  FILE NOWILL FEE IS \$150.00  9. Election Carnosign Financing Trust Flund Contribution. (S5.00 May 8b Added to Fines)  Affect May 1, 2004 Fee will be \$550.00  0. OFFICERS AND DIRECTORS IN TILE  NAME  TR. 2, BOX 642A  LAKE BUTLER, FL 32054  LAKE BUTLER, FL 32054  INST 120 Delete INLE  RT. 2, BOX 642A  LAKE BUTLER, FL 32054  LAKE BUTLER, FL 32054  INLE  ST ORDER AGENT MANE  Charge Addition  NAME  AMAGE  STEET AUDRESS  CITY-ST-2P  LAKE BUTLER, FL 32054  INLE  AGENT AUDRESS  CITY-ST-2P  LAKE BUTLER, FL 32054  INLE  AGENT AUDRESS  CITY-ST-2P  Delete  INLE  MARE  STEET AUDRESS  CITY-ST-2P  Charge Addition  NAME  STEET AUDRESS  CITY-ST-2P  Charge In Section 1 10 DT(30). Floridas Statutes, (and that my name appears in Block 10 or Block 11 if  charged, or on an attachment with an address, with a public with primary and another or directory  of the corporation or the receiver or trustee employered to greater the steel and that my name appears in Block 10 or Block 11 if  charged, or on an attachment with a many addres	BANDY, C	ATHY L						. 1 <i>T</i>		
The above named entity submits the statement for the purpose of changing its registered affice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  IGNATURE    Signams, types of printed name of largitered agent and too it applicable.   NOTE flag issued Agent signature recursed when remotating)   DATE				<u> </u>	Street Address	(P.O. Box Numb	er is Mor Accepteble	) <del>#</del>	<u></u>	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorlda, I am familiar with, and accept the obligations of registered agent.    IGNATURE				-	City	7		EI	Zip Code	
The politipators of registered agent.    GINATURE   Signams, fixed or printed raper and title of applicable.   (NDTE Registered Agent agriculture recorded when reincating)   DATE	8. The above	named entity submits this statement	for the purpose of changing it			ered agent or bo	oth in the State of Fi			
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  SECULOR OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE PARAMEN, GALE L  RT. 2, BOX 642A  TITLE  BANDY, CATHY L  RT. 2  STREET ADDRESS  CITY-S1-2P  LAKE BUTLER, FL 32054  TITLE  GASS, SANDRA L  RET 200 WEST MAIN STREET  LAKE BUTLER, FL 32054  TITLE  GASS, SANDRA L  RET ADDRESS  CITY-S1-2P  LAKE BUTLER, FL 32054  TITLE  MAKE  GASS, SANDRA L  RET ADDRESS  CITY-S1-2P  LAKE BUTLER, FL 32054  TITLE  MAKE  GASS, SANDRA L  RET ADDRESS  CITY-S1-2P  LAKE BUTLER, FL 32054  TITLE  STREET ADDRESS  CITY-S1-2P  LAKE BUTLER, FL 32054  TITLE  MAKE  GASS, SANDRA L  RET ADDRESS  CITY-S1-2P  TITLE  MAKE  GASS, SANDRA L  RET ADDRESS  CITY-S1-2P  TITLE  MAKE  STREET ADDRESS  CITY-S1-2P  TITLE  TITLE  MAKE  STREET ADDRESS  CITY-S1-2P  TITLE  TITLE  TITLE  MAKE  STREET ADDRESS  CITY-S1-2P  TITLE  TIT			*	o regionarea	umou or ragione	ored agent, or oc	or, in the diate of the	yndd, Tailli	uning min,	and accopt
### FILE NOW!! FEE IS \$150.00 ### After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  THE PLANTER JUDGES AND DIRECTORS IN 11.  THE LAPPALAINEN, GALE L.  RT. 2, BOX 642A  IT. 5. BOX 642A  IT. 5. BOX 642A  IT. 5. BOX 642A  IT. 6. BANDY, CATHY L.  BEET ADDRESS  THE REST ADDRESS  THE GASS, SANDRA L.  THE GASS, SANDRA L.  THE GASS, SANDRA L.  THE GASS, SANDRA L.  THE ST. C. Delete  THE NAME  GASS, SANDRA L.  THE ADDRESS  TH'-ST-2P  THE DELET ADDRESS  CITY-ST-2P  THE NAME  THE NAME  THE NAME  GREST ADDRESS  CITY-ST-2P  THE NAME	SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered A	gent signature require	ed when reinstating)		DATE		<del></del>
THE LAPPALAINEN, GALE L MAKE RT. 2, BOX 642A  ITHE LAPPALAINEN, FL 32054  ITHE LAMBERT ADDRESS  ITHER ADDRESS	FiL After Ma	E NOW!!! FEE IS \$150.00	The state of the s	-	~					
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MANE RECET ADDRESS RECET ADDRE	STREET ADDRESS CITY-ST-ZIP	RT. 2, BOX 642A		STREET						
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AME IREET ADDRESS ITY-ST-ZIP  TILE  MAME STREET ADDRESS CITY-ST-ZIP  TILE MAME STREET ADDRESS CITY-ST-ZIP  TILE MAME STREET ADDRESS CITY-ST-ZIP  TILE MAME STREET ADDRESS CITY-ST-ZIP  Z. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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:  MAME  SANDRA L.  ASS 4/28/04 38/496-/808	STREET ADDRESS CITY-ST-ZIP	į.			ADDRESS 23	35. SW	4 Th AU	e,# 2	•	
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NAME STREET ADDRESS ITY-ST-ZIP  TLE  MME STREET ADDRESS CITY-ST-ZIP  TLE  MME STREET ADDRESS STR	CITY-ST-ZIP				r-zip					
TILE  ANE IREET ADDRESS ITY-ST-ZIP  2. 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:  ANNE	TITLE NAME		☐ Delete	1					Change	☐ Addition
NAME STREET ADDRESS ITY-ST-ZIP  2. 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:  ANDRA L. ASS 4/28/04 386-496-1878	STREET ADDRESS CITY-ST-ZIP									
STREET ADDRESS ITY-ST-ZIP  2. 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:  SIRET ADDRESS CITY-ST-ZIP  AUDIT ADDRESS CITY-ST-ZIP  AUDI	TITLE		☐ Delete						☐ Change	Addition
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SIGNATURE: SIMONA STAND SANDRAL (ASS 4/38/04 386-496-1878	indicated of the cor	l on this report or supplemental repor rporation or the receiver or trustee err	t is true and accurate and that powered to execute this repo	t my signatur rt as require d.	e shall have the d by Chapter 60	e same legal effe 07, Florida Statut	ct as if made under	oath; that I a	am an officer	or director
	SIGNAT	TURE: SIGNATURE AND THE O	AN PRINTED NAME OF SIGNING OFFICE	SAND BORDINECTO	RAL. C	~ASS_	4/28/0	14 3	86-496	-1878