
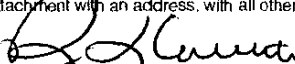


FILED  
Apr 28, 2004 8:00 am  
Secretary of State

04-28-2004 90283 028 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000038077</b>					
<b>1. Entity Name</b> RE PORT CHARLOTTE, INC.					
<b>Principal Place of Business</b> 18480 TOLEDO BLADE BLVD PORT CHARLOTTE, FL 33948			<b>Mailing Address</b> 2111 GLENWOOD DRIVE SUITE 202 WINTER PARK, FL 32792		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 47-0859870	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DCCO <input type="checkbox"/> Delete				
NAME	DEERING, LAWRENCE R MR.				
STREET ADDRESS	200 CORPORATE CENTER DRIVE #360				
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108				
TITLE	DPCO <input type="checkbox"/> Delete				
NAME	CONTE, JOSEPH D MR.				
STREET ADDRESS	200 CORPORATE CENTER DRIVE #360				
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108				
TITLE	DT <input type="checkbox"/> Delete				
NAME	CURCIO, EUGENE R				
STREET ADDRESS	200 CORPORATE CENTER DRIVE #360				
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108				
TITLE	S <input type="checkbox"/> Delete				
NAME	CORSETTI, ROSEMARY L				
STREET ADDRESS	200 CORPORATE CENTER DRIVE #360				
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE	D/C/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Lawrence R. Deering				
STREET ADDRESS	800 Concourse Parkway S., Suite 200				
CITY-ST-ZIP	Maitland, FL 32751				
TITLE	D/P/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Joseph D. Conte				
STREET ADDRESS	800 Concourse Parkway S., Suite 200				
CITY-ST-ZIP	Maitland, FL 32751				
TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Eugene R. Curcio				
STREET ADDRESS	800 Concourse Parkway S., Suite 200				
CITY-ST-ZIP	Maitland, FL 32751				
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Rosemary L. Corsetti				
STREET ADDRESS	One Oxford Centre, 20th Floor, 301 Grant St				
CITY-ST-ZIP	Pittsburgh, PA 15219				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>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.</b>					
<b>SIGNATURE:</b> 		<b>Rosemary L. Corsetti</b> <b>4/19/04</b> <b>412-281-4420</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Secretary		Date Daytime Phone	