## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** May 03, 2004 8:00 am Secretary of State 05-03-2004 91208 019 \*\*\*150.00

1. Entity Name													
Principal Place	IWY 1	8	Mailing Address P0 B0X 237915					24066131					
COCOA, FL 3				FL 32923-791	5								
2. Principal Place of Business			3. Mailing Address								! I I I I I I I I I I I I I I I I I I I		
Suite. Apt. #, etc.			Suite, Apt. #, etc.					04302004		hg-P	CR2I	E034 (10/03)	
City & State			City & State					4. FEI Number 54-2064805			-	<del></del>	pplied For ot Applicable
Zip	Zip Country		Zip C			lry		5. Certifica	te of Stat	tus Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Current	Registered A	gent		Name		7. Name a	nd Addre	ess of New	Registere	d Agent.	
DESHOTEL, DAN						I		otel, D				·	
97 TENNE MERRITT						Street Address (P.O. Box Number is Not Acceptable) 3804 N. U.S. Hwy. 1							
<b>√</b>	·,					City	Coco	<u> </u>			F	Zip Coo	
8 The above	named entit	ty submits this statement for	or the ourpose	of changing its	register				ooth, in th	he State of F		<u> </u>	
	ions of regis			1	109101011	,	Togicto.	ou agoin a	2011 11 11			<i>F</i>	and addept
SIGNATURE	Signath Wood	or priored withe of registered agent	and little if applican			Deshot d Agent signatu		्रे । ्रोटिंग I∰hen reinstäting)	1.5	4-	30 -0	9	ANGERSE S
7.10 3	<del></del>	ym to her a Combined agreement a gability		Election Campai			,	00	1	<u> </u>		handaning. The sales are great to	
		FEE IS \$150.00 4 Fee will be \$550.		Trust Fund Contr			Add	.00 May Be led to Fees	1				
10		OFFICERS AND	DIRECTORS	and the total	11.		<u> </u>	ADDITION	IS/CHAN	IGES TO OF	FICERS A	ND DIRECTOR	IS IN 11
TITLE	D			☐ Delete	TITLE	ļ	PTD					Change	☐ Addition
NAME DESHOTEL, DAN STREET ADDRESS 97 TENNESSEE AVE				NAN STR			ı	Deshotel, Dan 3804 N. U.S.1, Cocoa, FL.				22026	
CITY-ST-ZIP	* /5~	FISLAND, FL 32953			CITY	-ST-ZIP	300	4 N. U.	D.1,	COCOA	, FL.	32926	
TIFLE	<u> </u>			☐ Delete	TITLE	ì						☐ Change	Addition
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TITLE NAME	-			☐ Delete	TITL		,					Change	Addition
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NAME : ()	5 45 350	TOTAL CONTRACTORS	09	ليوامكي (۱۱۰ ) داران چوند را دران اها دارو	- 0.70	E ;··:	ىئى د	ng ranga Transport					
CITY-ST-ZIP			·,* ·		CITY	-ST-ZIP	<u> </u>		1		<u> </u>	<u> </u>	
12. Thereby 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.  Dan Deshote1													information r or director or Block 11 if

President