2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 31, 2004 8:00 am **DOCUMENT # P02000046684 Secretary of State** 1. Entity Name 03-31-2004 90031 005 ***150.00 A. YVONNE SANFORD, P.A. Principal Place of Business Mailing Address 201 E. GOVERNMENT ST. 201 E. GOVERNMENT ST. 94040346 PENSACOLA FL 32501 PENSACOLA FL 32501 Principal Place of Business 391 Sugartreet. 3. Mailing Address 2391 SugartreeCt Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Serisacola Applied For 4. FEI Number 01-0679690 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANFORD, YVONNE Street Ad 201 E. GOVERNMENT ST. PENSACOLA FL 32501 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE Change Addition SANFORD A. WONNE 2391 Sugarttee Ct. SANFORD, YVONNE A NAME NAME 201 E. GOVERNMENT ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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

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