2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2004 8:00 am Secretary of State 03-24-2004 90005 036 ***150.00

NAME SIRET ADDRESS CITY-ST-2IP LONGWOOD, FL 32779 ITILE D ARRIGONI, ANTHONY A40 SAVAGE COURT CITY-ST-2IP ITILE D ARRIGONI, ANTHONY A40 SAVAGE COURT CITY-ST-2IP ITILE NAME SIREET ADDRESS CITY-ST-2IP	1. Entity Nam	MENT # P0200004	9313			03-24-2004	90005 0	36 ***150	0.00
Suite, Apt. II, etc. City & State City S	440 SAVAGE	COURT	440 SAVAGE COURT			16 49 W C	. 54	02151	.5
City & State City & State City & State City & State City & State Applied for Applied for Not Applied for	2. Principal P	lace of Business	3. Mailing Address						
Country Zip Country Zip Country St. Certificate of Stanus Desired St. St. Additional Fall Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022004	Chg-P	CR2E	34 (10/03)	
Second S	City & State		City & State						
PETERSON, SCOT 108 SAND PINE LANE LONGWOOD, FL 32779 Street Audress (P.O. Box Number is Not Acceptable) Street Audress (P.O. Box Number is Not Acceptable) City FL Zip Coole 8. The above named entity submits this atterment for the purpose of changing its registered office or registered agent, or both, in the State of Rorids. I am familiar with, and accelled the above named entity submits this atterment for the purpose of changing its registered office or registered agent, or both, in the State of Rorids. I am familiar with, and accelled the above named entity submits this atterment for the purpose of changing its registered agent, or both, in the State of Rorids. I am familiar with, and accelled the above named entity submits this atterment for the purpose of changing its registered office or registered agent, or both, in the State of Rorids. SIGNAR RIFE Signature, found or principles of inspectable agent and the Tagetstate. OFFICERS AND DIRECTORS. 9. Election Campaign Financing 7.000	Zip	Country	Zip	Country				\$8.75 Add	ditional
Street Address (P.O. Birk Number is Not Acceptable) City		6. Name and Address of Curre	nt Registered Agent	Name	7. Name and	Address of New F	legistered		
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 accelline obligations of registered agent. SIGNARURE SIGNARURE	108 SAND	PINE LANE		Street Add	iress (P.O. Box Numb	er is Not Acceptable	e)		
THE PETRON, SCOT OFFICERS AND DIRECTORS OF SITES ADDRESS OFFI-12P Change Addit MAKE SITES ADDRESS OFFI-12P CHANGES OFFI-12P C				City			FL	Zip Cod	e e
ITILE D PETERSON, SCOT SIMER ADDRESS CITY-ST-2P CHANGE AGAIN AND CHANGE COURT CITY-ST-2P	FIL After Ma	E NOW!!! FEE IS \$150.00	9. Election Camp	paign Financing	\$5.00 May Be		DATE		, d d
NAME SITEET ADDRESS CITY-ST-2P TITLE D ARRIGONI, ANTHONY A40 SAVAGE COURT CITY-ST-2P TITLE D ARRIGONI, ANTHONY A40 SAVAGE COURT CITY-ST-2P TITLE NAME SITEET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME SITEET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SITEET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SITEET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SITEET ADDRESS CITY-ST-2P TITLE SITEET ADDRESS CITY-ST-2P TITLE NAME SITEET ADDRESS CITY-ST-2P TITLE SITEE	10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11.
ARRIGONI, ANTHONY 440 SAVAGE COURT CITY-ST-ZIP LONGWOOD, FL 32779 Delete TITLE NAME SITEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME SITEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME SITEET ADDRESS CITY-ST-ZIP Delete TITLE NAME SITEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SITEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SITEET ADDRESS CITY-ST-ZIP TITLE NAME SITEET ADDRESS CITY-ST-ZIP TITLE NAME SITEET ADDRESS CITY-ST-ZIP TI	NAME STREET ADORESS	PETERSON, SCOT 440 SAVAGE COURT	☐ Delete	NAME STREET ADORESS				☐ Change	· Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fling 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 supplier with the information of the corporation or the receiver or trissipel empowered to execute his report as required by Chapter 607, Florida Statutes, and that my name appears in Block-10 or Block-11 changed, or on an attachment with an exidess with all other like empowered. SIGNATURE:	NAME Street address		☐ Delete	NAME STREET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fling 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 tebor 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 trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block-10 or Block-11 changed, or on an attachment with an explains with all other like empowered.	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS				☐ Change	Addition
SIGNATURE: 3-18-04	name Street address City-St-Zip	D 6	2	NAME STREET ADDRESS CITY-ST-ZIP			1 1 ≛1.		☐ Addition
		*	ith this filing does not qualify it is true and accurate and the motovered to execute this repx s with all other like empowers	for the exemption stated at my signature shall hav ort as required by Chapt ed.	d in Section 119.07(3) te the same legal effet ter 607, Florida Statute	(i), Florida Statutes, ct as if made under es; and that my nam	I further ce cath; that I le appears	rtify that the ir am an officer in Block-10 or	nformation or director r Block 11 if