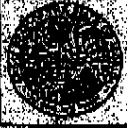


FILED
May 13, 2004 8:00 am
Secretary of State

04-26-2004 90482 002 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000062040			
1. Registered Office of Corporation 6315 ANDERSON ROAD TAMPA FL 33634		2. Mailing Address 6315 ANDERSON ROAD TAMPA FL 33634	
3. Principal Place of Business Same as 1.		4. Mailing Address 6315 Anderson Rd Tampa FL 33634	
5. City & State Tampa FL		6. City & State Tampa FL	
7. Country USA		8. Country USA	
9. Name and Address of Current Registered Agent KEITH W. KOEHLER 1611 W. PLATT ST TAMPA FL 33606		10. Name and Address of Newly Registered Agent Jolene T. Loos 4805 W. LOURIE CT Suite 100 TAMPA FL 33607	
11. Signature of Registered Agent Jolene T. Loos 5/10/04			
12. Filing Notice: Fee is \$150.00 After May 1, 2004 Fee will be \$350.00		13. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
14. OFFICERS AND DIRECTORS			
15. TITLE P NAME ADAMS, DAVID F STREET ADDRESS 27105 GREEN WILLOW RUN CITY-ST-ZIP VAL RICO FL 33584	☒ Delete	16. TITLE P NAME Adams, David F STREET ADDRESS 411 Jefferson Ave CITY-ST-ZIP Oldsmar, FL 34607	☒ Change ☐ Addition
17. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	18. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
19. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	20. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
21. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	22. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
23. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	24. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 disclosed 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 not an officer with an address, with all other like empowered.			
SIGNATURE: David F. Adams SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		4/21/04 813-894-6781 Date Office Phone	