2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State

1. Entity Name CRESCEN	MENT # P0200006	64506 more 1 1000			03-15-2004 9	0057 001 ***15	50.00
Principal Place	of Business	Mailing Address				- 4 0 0 0	
205 RIDGEWOOD AVE			205 RIDGEWOOD AVE		240	21300	
CLEWISTON, FL 33440			CLEWISTON, FL 33440				
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3 Dringing D	lone of Queinone	3. Mailing Address					
2. Principal Place of Business		3. Maining Address	3. Walling Address		I HA BALLA MANA ABUM BAND ABUM A	IIIN BIIII BING NIIII ANIM NII	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc:		4 Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Nur	1ber 1ED FOR 90-008	7999 AP	pplied For
Zip Country		Zip	Zip Country		,	\$8.75 Add	
·				5. Certifica	ate of Status Desired	Fee Required	
	6. Name and Address of Curre	ent Registered Agent		7. Name a	nd Address of New Reg	istered Agent	
DELL OFF			Name				ļ
BELL, STEPHEN R 205 RIDGEWOOD AVE			Street Ac	idress (P.O. Box Nur	nber is Not Acceptable)		
	ON, FL 33440						
	,		1				
			- City -			FL Zip Code	
	named entity submits this statemer	nt for the purpose of changing its	registered office or	registered agent, or	both, in the State of Florid	da. I am familiar with,	and accept
the obligati	ions of registered agent	100			2	-11-04	
SIGNATURE_		1000					
	Signature, typed or printed name of registered di	gent and title il applicable. (NOTI	:: Registered Agent signatu	re required when reinstating	1	DATE	
		9. Election Campai	gn Financing	\$5.00 May Be	l		j
` After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55	9. Election Campai Trust Fund Cont		_ \$5.00 May Be Added to Fees			
ů.	ay 1, 2004 Fee will be \$55	Trust Fund Cont	ribution.	Added to Fees		ERS AND DIRECTOR	S iN 11
3 ?≱0.	officers A	Trust Fund Cont ND DIRECTORS	ibution.	Added to Fees	NS/CHANGES TO OFFIC		
?do.	ay 1, 2004 Fee will be \$55 OFFICERS A	Trust Fund Cont	ribution.	Added to Fees		ERS AND DIRECTOR	S IN 11
3 ?≱0.	officers A	Trust Fund Cont ND DIRECTORS Delete	11.	Added to Fees			
O. TITLE NAME	ay 1, 2004 Fee will be \$55 OFFICERS A P BELL, STEPHEN R	Trust Fund Cont ND DIRECTORS	11. TITLE NAME	Added to Fees			
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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.

Changed, of on all attachment with all address, with all other into difference

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

3-11-04 863-983-928

Date Davime Phone