2004 FOR PROFIT CORPORATION ANNUAL REPORT

5 W W

SIGNATURE: X

SIGNATURE AND TYPIO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 26, 2004 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPORT					Apr 20, 2004 00.00 A			
1. Entity Nan	MENT # P02000072	136			Sec	retary (of State	
Principal Place 4898 WEST BUSHNELL,	C-48	Mailing Address POST OFFICE BOX 1691 BUSHNELL, FL 33513						
E	O NOT WRITE 6. Name and Address of Current R	CE	04082004 4. FEI Numb 04-369		CR2E034 (1	im eteim merlimme it emmt		
DAUGHTRY, JERRY 4898 WEST C-48 BUSHNELL, FL 33513			DO NOT WRITE IN THIS SPACE					
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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE DATE							ar with, and accept	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00		· _	.00 May Be ed to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D DPST DAUGHTRY, JERRY 4898 WEST C-48 BUSHNELL, FL 33513	RECTORS		,	 	131355 30151-002	150 00	
THE NAME STREET ADDRESS CITY-ST-ZIP							130.00	
NAME STREET ADDRESS CITY-ST-ZIP					NOT W			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SF	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
Title Name Street address City-St-Zip							· · · · · · · · · · · · · · · · · · ·	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower on an attachment with an address, with	ue and accurate and that my signat ared to execute this report as requir	ure shall have the s	same legal effec	it as if made under o	ath, that I am an	officer or director	