## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

# FILED May 03, 2004 08:00 AM Secretary of State

DOCUMENT # P0200  1. Entity Name AMERICAN HOME EQUITY S		
Principal Place of Business	Mailing Address	
4359 BALLINGER DRIVE JACKSONVILLE, FL 32257	4359 BALLINGER DRIVE JACKSONVILLE, FL 32257	



### DO NOT WRITE IN THIS SPACE

04302004 No Chg-P CR2E034 (10/03)

4.	51-0422000		 Not Applicable
5.	Certificate of Status Desired	\$8.7	Additional

6. Name and Address of Current Registered Agent

BRUCE, CHARLES J 4359 BALLINGER DRIVE JACKSONVILLE, FL 32257

# DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	ourpose of changing its registered of	fice or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature hyped or printed hame of registered agent and fitte	d and a plus PIOTE Ray Invest Age	nr consul tre	required when reinstating)	DATE
	Signature Typed or printed name or registered agent and title	in applicable thought negligible Age	· ag mare	required into their state sy	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution	' <sub>□</sub>	<b>\$5.00</b> May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TIFLE	PD				
NAME	BRUCE, CHARLES J	t t			
STREET ADDRESS	4359 BALLINGER DRIVE				
CHY-SI-IIP	JACKSONVILLE, FL 32257				
TITLE					(18696) 45930 93 (1869 <mark>4-80059-022 150.06</mark>
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12. I hereby	certify that the information supplied with this	filling does not qualify for the exempt and accurate and that my signature	tion state	ed in Section 119.07(3 ive the same legal effe	(i), Florida Statutes. I further certify that the information set as if made under path; that I am an officer or director.

12. I hereby certify that the information supplied with this lifting 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 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.

SIGNATURE:	Charles TRuce	CHARLES J. BRUCE	4/29/04	904-723-0075
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI	NG OFFICER OR DIRECTOR	Date	Daytime Phone #