2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2004 8:00 am Secretary of State

ANNUAL REPORT				Secret	Secretary of State	
1. Entity Nam	MENT # P02000100 ORPORATION	114		1	04 90016 007 ***150.00	
Principal Plac 340 176TH / REDINGTON		Mailing Address PMB-224, 13799 PARK E SEMINOLE, FL 33776	BLVD. NORTH		54008544	
	Place of Business FTH CLUB &VD, S. #, etc.	3. Mailing Address XO Suite, Apt. #, etc.	CHANGE	02172004 Chg-P	CR2E034 (10/03)	
	INGTON BCH, -FL	City & State		4. FEI Number - 82-0566902	Applied For Not Applicable.	
3370 g	8 U.S.A	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New	Registered Agent	
FREAR, ROBERT A 340 176TH AVE. CIRCLE REDINGTON SHORES, FL 33708				BEAR ROBERT / ess (P.O. Box Number is Not Accepta BATH CLUB BLUD	ole)	
	· · · · .	<u> </u>	City V. Q	EDINGOW BCH	FL Zin Code	
the obligated signature.	e named entity submits this statement for tions of registered agent. Sgnature, typed or printed name of registered agent. E NOWILL FEE IS \$150.00	and title if applicable. (NOTE: F	PRES registered Agent signature re	quired when reinstating)	Florida. I am familiar with, and accept	
	ay 1, 2004 Fee will be \$550.	DO Trust Fund Contrib	ution.	Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD FREAR, ROBERT A 340 176TH AVE. CIRCLE REDINGTON SHORES, FL 337	☐ Delete	NAME STREET ADDRESS 4	ADDITIONS/CHANGES TO OPEN ROBECT A. 20 BATH CUUB BLU L. REUFNGTOW BCH		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, ACO 1110 J. S. O.	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	: TITLE NAMÉ STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP)	.,	CITY-ST-ZIP	•		

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 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, withall other like empowered.

NAME TO THE STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. FREAK

2/19/04

727-641-081