2004 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # D02000107075



Street Address (P

City

(NOTE: Registered Agent signature required w

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9. Election Campaign Financing

Trust Fund Contribution.

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May 17, 2004 8:00 am Secretary of State

05-17-2004 90012 029 ***150.00

| 1. Entity Name PROSPERI | | | | |
|---|--------------------|-----------------------------------|-----------------------------|-------------------------|
| Principal Place of Business | | Mailing Address | | |
| 790 N PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084 | | PO DRAWER 1690 Saint Augustine | | |
| | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 03152004 Cr | |
| City & State | | Cily & State | 4. FEI Number 76-0715461 | |
| Zip | Country | Zip | Country | 5. Certificate of Statu |
| | 7. Name and Addres | | | |
| | | | Name | |

8. The above named entity submits this statement for the purpose of changing its registered office or registere

OFFICERS AND DIRECTORS

Signature, typed or printed hame of registered agent and title if applicable

| \dashv | 44010018 | | | | | | | |
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| | 03152004 | Chg-P | CR2 | 2E034 | (10/03) | | | |
| | 4. FEI Numb 76-071 | | | ` | | plied For at Applicable | | |
| | | of Status Desired | | | 8.75 Add | litional | | |
| | 7. Name and | Address of New F | legister | | | | | |
| ess (F | P.O. Box Numb | er is Not Acceptable | e) | | | | | |
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| | | —————————————————————————————————————— | F | FL. | Zip Cod | | | |
| ister | ed agent, or bo | th, in the State of Flo | | | niliar with, | and accept | | |
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| quired | when reinstating) | | ĐA | TE | | | | |
| \$5. Adde | 00 May Be ed to Fees | | | | | | | |
| | ADDITIONS | CHANGES TO OFF | ICERS / | | IRECTOR: | | | |
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| 7T et | erson, | Randall | D . | | ☐ Change | ☐ Addition | | |
| ai | nt Aug | ce De Le ustine, | FL 3 | 320 | 84 | | | |
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| | | | | [| Change | Addition | | |

CITY - ST - ZIP City-ST-ZIP 12. I hereby certify that the information supplied with this filing cloes 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, with all other like empowered.

SIGNATURE:

CREAMER, JAMES E JR

790 N PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084

the obligations of registered agent,

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

CREAMER, JAMES E JR

PETERSON, RANDALL D

790 N PONCE DE LEON BLVD

SAINT AUGUSTINE, FL 32084

790 N PONCE DE LEON BLVD

SAINT AUGUSTINE, FL 32084

SIGNATURE.

10.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #