## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

| 1. Entity Nam   | MENT # P0200011515  | 52   |  | 5  | ecretary or state                |
|---|---|--|--|--|----------------------------------|
| 2120 8TH A  | NE M  | Mailing Address<br>2120 8TH AVE W<br>BRADENTON, FL 34205 |  |  |                                  |
| DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent   |   |  |  | 03032004 No Chg-P  4. FEI Number 30-0132321  5. Certificate of Status Desire | Applied For Not Applicable       |
|   | CHARD D<br>N ST STE 303<br>FA, FL 34237                                 |  | DO NOT WRITE<br>IN THIS SPACE  |  |                                  |
| 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 accept 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   |   |  |  |  |                                  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.  |   |  | cing \$5.  | 00 May Be US/03/0  | 000150012<br>04-80210-002 150.00 |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CATY-ST-ZIP   | OFFICERS AND DIRE D MURDOCH, GLENN B 2120 8TH AVE W BRADENTON, FL 34205 | CTORS  | Andrew Control of the |  |                                  |
| NTILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  | entropic and the second se   |  |                                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |  | DO NOT   | WRITE                            |
| TITLE<br>NAME<br>SIREET ABDRESS<br>CITY-ST-ZIP  |   |  | a jose ova sene se a a   | IN THIS S  | SPACE                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | 1/   | h / Wmin   |  |                                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |  |  |                                  |
| 12. I hereby certify that the information supplied with this filling does not quality 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 fact my signature shall have tife same legal effect as if made under path, that I am an officer or director of the corporation or the receiver of trustee empowered to execute this taport as required by Chapter 607, Florida Statutes; and that my nafle appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR  Dayling Proce # |   |  |  |  |                                  |