2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90674 041 ***150.00

Pincipal Place of Business 2840 ALEH HILL NETNUE 2810 ALEH HILL NETNUE 3816 CR. 2816 ALEH HILL NETNUE 3816 CR. 3816 ALEH HILL NETNUE 3816 AL	1. Entity Nam	MENT # P0200011					05-03-2004	4 90674 04	41 ***15	50.00
2840 ALEN HILL AVENUE SUITE C MELBOURNE, FL 32940 2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Cit	Principal Plac	e of Business	Mailing Address							
MELBOURKE, FL 32940 A. Mairing Address Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & State Country Zip Country Signar Address of New Registered Agent 7. Name and Address of New Registered Agent Name Sevent Address of New Registered Agent Name Sevent Address of New Registered Agent Name Sevent Address of New Registered Agent Sevent Address of New Registered Agent Covy FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Resident Sevent Address of New Registered Agent The Address of New Registered Agent Sevent Address of New Registered Agent Address of New Registered Agent Sevent Address of New Registered Agent Address of New Registered Agent Sevent Address of New Registered Agent Sevent Address of New Registered Agent Address of New Registered Agent Sevent Address of New Registered Agent Seven	•		=	ENUE						
2. Principal Place of Business Suite, Apt. M. otc. Suite, Apt. M. otc. Suite, Apt. M. otc. Suite, Apt. M. otc. City & State Cry &	001120									
Suite, Apt. 4, etc. City & State	METROOKINE	., FL 3294U	MELDOURNE, FL 325	94 0						
City & State Ci	2. Principal P	Place of Business	3. Mailing Address							
Zp Country Zp Country 55-0821446 Next Applicable State Please	Suite, Apt.	#, etc.		Suite, Apt. #, etc.		02202004	Chg-P	CR2E03		
BRIMO, ANTHONY N JACOBY, BRINO, FIGUEROA & CHASE 1581 ROBERT J. CONLAN BLVD. SUITE 107 PALM BAY, FL 32905 6. The above nemed entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIT FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 TITL NWE WRIGHT, DOUG STEER ANDRESS OTH-ST-ZP ODUG WRIGHT, SA STEER ADDRESS STEER ADDRE	City & State		City & State							`
BRIMO, ANTHONY N JACOBY, BRINO, FIGUEROA & CHASE 1581 ROBERT J. CONLAN BLVD. SUITE 107 PALM BAY, FL. 32905 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or primed name of registered agent as a set of excitable. POTE Registered Agent sepulate required white indicated of Fiorida. I am familiar with, and accept the obligations of registered agent. DATE FILE NOWITI FEE IS \$150.00	Zip	Country	Zip	Country	у	5. Certificate of	of Status Desired			
BRIMO, ANTHONY N JACOBY, BRINO, FIGUREROA & CHASE 1581 ROBERT J. CONLAN BLVD. SUITE 107 PALM BAY, FL 32905 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, byte in production of registered agent. SIGNATURE Bytelian N, bytel or production of registered agent. FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS Delete MAKE WRIGHT, DOUG STRET MORESS OTIV-S1-79 Addition TITLE NAME STRET ADDRESS OTIV-S1-79 Addition TITLE NAME STRET ADDRESS OTIV-S1-79 CITY-S1-79 Delete TITLE NAME STRET ADDRESS OTIV-S1-79 Delete		.6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New F		<u>.</u>	
Street Actives (P.O. Box Number is Not Acceptable)					Name					
City FL Zip Code	JACOBY, E	BRINO, FIGUEROA & CHAS		-	Street Address (P.O. Box Numbe	r is Not Acceptable	e)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hysed or printed name of registered agent and title of spot spot spot spot spot spot spot spot										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Spealure, hybed or private name of registered agent and site if expirative. FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 SIECH ADDRESS OF TRUSH FUNDS. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME WRIGHT, DOUG 477 RED SAIL WAY STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP Delete TITLE NA		4 27 27 27 27 27 27 27 27 27 27 27 27 27			City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	9
### FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE	the obligat	tions of registered agent,					n, in the State of Fi		amiliar with,	and accept
ARTER May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P		Signature, typed or printed name of registered ag	ent and title if applicable. (NC	OTE: Registered a	Agent signature required	d when reinstating)		DATE		
TITLE WRIGHT, DOUG ATT RED SAIL WAY STREET ADDRESS CITY-ST-ZIP TITLE VP Change Addition MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SCARANT AVIC SCARAN	After Ma	ay 1, 2004 Fee will be \$55	7.00 Trust Fund Col	ntribution."		ed to Fees				
NAME STREET ADDRESS CITY-ST-ZIP TITLE SUBJECT ADDRESS CITY-ST-ZIP TITLE STREET		·				ADDITIONS/	CHANGES TO OF			5 IN 11
STRET ADDRESS CITY-ST-ZIP TITLE VP CAUGH WRIGHT JR HIS NAWE STRET ADDRESS CITY-ST-ZIP TITLE SCCREARY SATELLITE BCH, FL 32937 TITLE VP CAUGH WRIGHT JR HIS NAWE STRET ADDRESS CITY-ST-ZIP TITLE SCCREARY SATELLITE GCH, FL 32937 TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP STRET ADDRESS CITY-ST-ZIP STRET ADDRESS CITY-ST-ZIP STRET AD			TT Delete	IIILE						Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRES		1		NAME					L Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE SC-CTC+TACTY SATELLITE GLA, FL 32937 TITLE SC-CTC+TACTY SATELLITE GLA, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CI	STREET ADDRESS	HIT KED SAIL WAT			T ADDRESS				L Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP SATELLIFE ISLAN, FI 32937 TITLE SCECETARY SATELLIFE BLA, FI 32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		SATELLITE BCH, FL 32937		STREET	1				L Change	☐ Addition
CITY-ST-ZIP TITLE SPECTE PARTY Delete TITLE SPECT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-	CITY-ST-ZIP	SATELLITE BCH, FL 32937	☐ Delete	STREET CITY-S TITLE	1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP SATENITE BLM, FL 32937 TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP TITLE NAME	SATELLITE BCH, FL 32937	☐ Delete	STREET CITY - S TITLE NAME	ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP SATERLY TE BULK 1 32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL	CITY-ST-ZIP TITLE NAME STREET ADDRESS	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical de		STREET CITY-S TITLE NAME STREET	ST-ZIP T ADDRESS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary	32937	STREET CITY-S TITLE NAME STREET CITY-S	ST-ZIP T ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary Sisan WRIGHT	3⊋ 9 37 □ Delete	STREET CITY-S TITLE NAME STREET CITY-S	ST-ZIP T ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP OF ADR	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary SUSAN WRIGHT 562-GRANT AVE	3⊋ 9 3 7 ☐ Delete	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP T ADDRESS				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary SUSAN WRIGHT 562-GRANT AVE	3⊋ 9 3 7 □ Delete	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S CITY-S	T ADDRESS ST-ZIP T ADDRESS				Change Change	Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TO Delete NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary SUSAN WRIGHT 562-GRANT AVE	3⊋ 9 3 7 □ Delete	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	T ADDRESS ST-ZIP T ADDRESS				Change Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary SUSAN WRIGHT 562-GRANT AVE	3⊋ 9 3 7 □ Delete	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP				Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary SUSAN WRIGHT 562-GRANT AVE	3⊋ 9 3 7 □ Delete	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET	T ADDRESS ST-ZIP F ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS				Change Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Plorida 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	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary SUSAN WRIGHT 562-GRANT AVE	32 9 3 7 Delete	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP				Change Change Change Change	Addition Addition
TITLE NAME STREET ADDRESS 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	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary SUSAN WRIGHT 562-GRANT AVE	32 9 3 7 Delete	STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP F ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP				Change Change Change Change	Addition Addition
NAME STREET ADDRESS 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	CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary SUSAN WRIGHT 562-GRANT AVE	32 9 3 7 Delete	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET STREET NAME STREET NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS				Change Change Change Change	Addition Addition
CITY-ST-ZIP 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	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary SUSAN WRIGHT 562-GRANT AVE	Delete 2937 Delete	STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS				Change Change Change Change	Addition Addition Addition
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	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary SUSAN WRIGHT 562-GRANT AVE	Delete 2937 Delete	STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP				Change Change Change Change	Addition Addition Addition
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	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary SUSAN WRIGHT 562-GRANT AVE	Delete 2937 Delete	STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP				Change Change Change Change	Addition Addition Addition
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SATELLITE BCH, FL 32937 VP DOUG WRIGHT JR 418 Nautical dr Satellite bch fl Secretary SUSAN WRIGHT 567-GRANT AVE SATELLITE BCH, FL 3	Delete 13937 Delete Delete	STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP				Change Change Change Change	Addition Addition Addition Addition