## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2004-98:00 AM Secretary of State

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6589 BILL LUNDY ROAD LAUREL HILL, FL 32567  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  S. Certificate of Status Desired  Fee Required  6. Name and Address of Current Registered Agent  Name  PALMER, PATRICK R  6589 BILL LUNDY ROAD LAUREL HILL, FL 32567  City  City  City  City  City  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 Florida. I am familiar with, a the obligations of registered agent agent and the II applicable.  Name  FILE NOWITI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  PALMER, PATRICK R  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD  CHARGE AGENT	olled For Applicable ional
Suite, Apt. #, etc.  O5012004 Chg-P CR2E034 (10/03)  City & State  City & State  City & State  Country  Support Country  Country  Support Country  Support Country  Country  Support Country	olled For Applicable ional
City & State  A. FEI Number 59-3762033	Applicable ional accept
Zip Country Zip Country 59-3762033   Not Status Desired   \$8.75 Adding Fee Required   \$8.75 Adding Fee Required	Applicable ional accept
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  PALMER, PATRICK R 6589 BILL LUNDY ROAD LAUREL HILL, FL 32567  City  City  FL  Zip Code  8. 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, a 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 NOWITI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  PALMER, PATRICK R  Delete  TILLE  PD  Delete  Delete  Delete  Delete  Delete  DATE  U00000155239  Change  DATE  U00000155239  Change  DATE  Delete  Delete  DELET TILE  DELETE NOWER  DELETERS AND DIRECTORS  Delete  DELETERS AND DIRECTORS  DELETERS AND DIRECTORS AND DIRECT	nd accept
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Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. 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, a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agert and title II applicable.  (NOTE: Registered Agent algunature required when reinstaing)  DATE  FILE NOWILI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Added to Fees  Trust Fund Contribution.  Delete  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE PD PALMER, PATRICK R  Delete  TITLE NAME  PALMER, PATRICK R	 S the
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The leave the train in a supplier with the initial control of the exemptor state of it sector 19.07(5)(f), richida statutes. Turner certify that the initial control indicated on this report or supplierent larger or the exemptor is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in changed, or on an attachation with an address, with all other like empowered.

SIGNATURE: