## 2004 FOR PROFIT CORPORATION

## **FILED**

ANNUAL REPORT				Apr 13, 2004 08:00 AM		
DOCU	MENT # P020001288	2.00		Secreta	ry of State	
EVIL, PERIOD, INC.						
EVIL.FC	MOD, MG.					
Principal Plac	ce of Business	Mailing Address			-	-
		9424 BAYMEADOWS RD, STE 100				
JACKSUNVIE	LE, FL 32256	JACKSONVILLE, FL 32256				
		*******************************				
				\$ (M#XX##) )I	S ##16# 65#1  ##331 ##335 ##3#3 11	NEM 11882 EMINE EMILE BREET NERELBER EE IN ME
				01052004	No Chg-P	CR2E034 (10/03)
	O NOT WRITE	IN THIS SPA	(CE	4. FEI Numb		Applied For
				13-423		Not Applicable  \$8.75 Additional
				5. Certiticate	of Status Desired	Fee Required
<u> </u>	6. Name and Address of Current Re	gistered Agent			Rayan halifi yakib bababab 1984 - Talah Babababab	
	AWRENCE C KSTONE BLDG			DO	<b>NOT WF</b>	NTE
	VILLE, FL 32202			Accessor of the second	THIS SPA	
						in state in the contract of th
	e named entity submits this statement for the named entity submits this statement for the name of registered agent.	ne purpose of changing its regist	tered office or register	ed agent, or bo	gi, in the State of Fioric	a. Tam iamiliar with, and accept
SIGNATURE.				*	<u> </u>	
<u> </u>	Signature, typed or printed name of registered agent and	We i applicable. (NOTE, Regra	tered Agent signature required	(when renetating)		EATE
	E NOW!!! FEE IS \$150.00 lay 1, 2004 Fee will be \$550.00	G. Election Campaign Fit     Trust Fund Contribution		.00 May Be ed to Fees	U0000001	11276 0010-012 150.00
18.	OFFICERS AND DI	RECTORS .	i jälimai liiji	1.1.8.8.18.17.11.	dlambinanida.	<del>ilijanikan jida manik kerkerisan e</del>
TITLE NAME	D ROWLAND, CHARLES L					
STREET ADDRESS	1	)			illa mini i binami. Na	
CHY-ST-ZP	JACKSONVILLE, FL 32256			H.L. Billians	Astronomia i a pist	kipina Paring Propinsi Propinsi
RTLE NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE				zialskammiez		ggi langun amerikan kalin la patesta a. L
NAME				(1) Fig. (2)		
STREET ADDRESS	į –			inde 11	المرابع المرابع المواقع المواقع	<u>Carles de la carle de la c</u>
{ CAY-ST-DP				DO	NOT WE	RITE
TITLE				in in	THIS SPA	ice
<del></del>				in in	THIS SPA	ice
TITLE				IN	THIS SP	<b>VCE</b>
HTILE NAME SIREET ADDRESS CHY-ST-ZIP TITLE		<u> </u>		IN	THIS SP	<b>VCE</b>
TITLE NAME SIREET ADDRESS CHY-ST-ZIP				N	THIS SPA	<b>VCE</b>
NTILE NAME STREET ADDRESS CHY-ST-ZIP THEE NAME				N	THIS SPA	<b>VCE</b>

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, with all other like empowered.

STREET ADDRESS CITY-57-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR