2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 09, 2004 8:00 am Secretary of State

Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Fee Required FROST, JOHN W II 395 SOUTH CENTRAL AVENUE BARTOW, FL 33830 City FL Zip Code 6. 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 act the obligations of registered agent. SIGNATURE Signature, typed or prised rame of registered sport and we if accretic. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Cempating Financing Trust Fund Contribution. Title D OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE D D Change Address CP.O. Box Number is Not Acceptable) \$5.00 May Be Added to Fees \$6.00 May Be Added		JMENT # P02000133987 ERVE OF CENTRAL FLORIDA, INC.				01-09-2004 90067 017 ***150.00				
BARTOW, FL 33830 BARTOW, FL 33831-2188 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country St. Certificate of Status Desired 8. Name and Address of Current Registered Agent FROST, JOHN W II FROST, JOHN W II Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, and act the objections of registered agent, or both in the State of Florids. I am familiar with, an	Principal Plac	ce of Business	Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.	l					: :an: 3 2 #	nus park a Ptir Anyu a musik			
City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired Status Desire	2. Principal F	Place of Business	3. Mailing Address							
Zip Country Zip Country 5, Certificate of Status Desired S8.75 Additional Fee Fedural Country 5, Certificate of Status Desired 5, Se.75 Additional Fee Fedural Country 6, Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Name FROST, JOHN W II 395 SOUTH CENTRAL AVENUE BARTOW, FL 33830 City FL Zip Code 6. 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 active obligations of registered agent. SIGNATURE Signature, Upon or printed rame of registered agent and the substitute of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent. FILE MOWIT! FEE IS \$450,00 After May 1, 2004 Fee will be \$550,00 9. Election Campaign Financing Trust Fund Contribution. TITLE D CHECERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D CHANGE SIGNATURE S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072004	Chg-P	CR2E034 (10/03) .	
S. Certificate of Status Desired Fee Required F	City & State		City & State		•				Applied For Not Applicable	
RROST, JOHN W II 395 SOUTH CENTRAL AVENUE BARTOW, FL 33830 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, and act the obligations of registered agent. SIGNATURE Sequence, typed or printed name of registered agent and tase if substates. SIGNATURE Sequence, typed or printed name of registered agent and tase if substates. SIGNATURE Sequence, typed or printed name of registered agent and tase if substates. SIGNATURE Sequence, typed or printed name of registered agent and tase if substates. SIGNATURE Sequence, typed or printed name of registered agent and tase if substates. SIGNATURE Sequence, typed or printed name of registered agent and tase if substates. SIGNATURE Sequence, typed or printed name of registered agent. SIGNATURE Sequence, typed or printed name of registered agent. SIGNATURE Sequence, typed or printed name of registered agent. SIGNATURE Sequence, typed or printed name of registered agent. SIGNATURE Sequence, typed or printed name of registered agent. SIGNATURE Sequence degree degree. Signature registered agent, or both, in the State of Florida. I am familiar with, and act the college of the sequence degree degree degree degree degree degree degree degree. SIGNATURE Sequence degree. SIGNATURE Sequence degree. SIGNATURE Sequence degree degree. SIGNATURE Sequence degree. SIGNATURE Sequence degree. SIGNATURE Sequence degree. S	Zip			Country	ii_			Fee Requi		
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, and act the obligations of registered agent. Signature: Sign		6. Name and Address of Curren	t Registered Agent	Name	7	7. Name and A	ddress of New R	egistered Agent		
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, and act the obligations of registered agent. SIGNATURE Signature, typed or peried name of registered agent and title (Applicable Applicabl	395 SOUTH CENTRAL AVENUE									
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, and act the obligations of registered agent. SIGNATURE Synature, typed or pried name of registered agent and title if approache. FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550,00 9. Election Campaign Financing Trust Fund Contribution 9. Election Campaign Financing Trust Fund Contribution 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D FROST, JOHN W II STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREE		•		City		<u></u>	····	El Zip Co	ode	
SIGNATURE Signature, typed or printed name of registered agent and time if applicable. Signature Signature, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when renestating). DATE				registered office o	r registered	1 agent or both	in the State of Flo	FL '		
Signature, typed or printed name of registered agent and late if apopticable. Signature, typed or printed name of registered agent and late if apopticable. NONTE: Registered Agent signature required when reinstating) DATE	the obliga	tions of registered agent.		_	regisiorea	agent, or both	, in the otate of the	nica. Funiarina wi	ii, and accept	
### FILE NOW!!! FEE IS \$150,00 ### Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME FROST, JOHN W II STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	SIGNATURE		nt and title if applicable. (NOTE	: Registered Agent signat	ne tedrited wh	nen reinstating)		DATE		
TITLE NAME FROST, JOHN W II STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		E NOW!!! FEE IS \$150,00 lay 1, 2004 Fee will be \$550								
NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10.		D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1	טן	☐ Delete	1				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE 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	STREET ADDRESS	395 SOUTH CENTRAL AVENU	E	STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	8				☐ Change	Addition	
CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	1		,		<u> </u>					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Į.		☐ Deleté		·			Change	Addition	
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS			سي مريدي ومسيه			• .		- •		
NAME STREET ADDRESS STREET ADDRESS	CITY+ST-ZIP			B						
STREET ADDRESS STREET ADDRESS			☐ Delet¢					Change	Addition	
CITY-ST-ZIP				9						
	CITY-ST-ZIP			CITY-ST-ZIP					*******	
	h	·	☐ Defete					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	i									
TITLE TITLE TITLE TITLE TITLE AND Change A	NAME Street Address									
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP TITLE		Delete	CITY+ST-ZIP			. :	Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY-ST-ZIP TITLE				☐ Change	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 frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direction or the receiver or this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block chapter 607, provided from an attachment with a different like empowered.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 1 No. 18 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Twans or See	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			<u></u> Pa		

1/7/04

(863) 533-0314