2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P03000000	268			03-03-200	14 91 01 6 046 ***1	50.00
Principal Place	e of Business	Mailing Address		-		0.00000000	. FEE
164		164			•	9408140	13
GORBUTT RO CRESCENT CI	AD TY, FL 32112	GORBUTT ROAD CRESCENT CITY, FL 321	12	 	1218 8 1771 1 127 41 13 441 8 8 4	III 8201 2011 8011 1101 2011 120	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052004	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Numbe	14361	Ap Ap	plied For Applicable
Zip	Country	Zip	Country	1	of Status Desired	S8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R		
COSTON, NANCY 164 GORBUTT ROAD			Name				
			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
CRESCEN	IT CITY, FL 32112				······		
			City			FL Zip Code	······································
	named entity submits this statement for	r the purpose of changing its r	egistered office or regis	tered agent, or both	n, in the State of Flo	orida. I am familiar with,	and accept
rie obligat	ions of registered agent.					٠	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating)		DATE	
							73 - 107 (8) J. 1 2 2 1
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaig Trust Fund Contril		5.00 May Be dded to Fees		Ş. 4	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
10,	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF		
TITLE	PRES				SHANGES TO OUR	ICERS AND DIRECTORS	IN 11
NAME		Delete	TITLE	_	SHANGES TO OFF	ICERS AND DIRECTORS Change	IN 11
CIRECT ADDRESS	COSTON, NANCY	☐ Delete	NAME		SHANGES TO OFF	······	
STREET ADDRESS CITY-ST-ZIP		☐ Delete			SHANGES TO OFF	······	
CITY-ST-ZIP	COSTON, NANCY 164 GORBUTT ROAD CRESCENT CITY, FL 32112 VP	☐ Delete	NAME STREET ADDRESS CITY-S7-2IP TITLE		STANGES TO OFF	······	
CITY-ST-ZIP TITLE NAME	COSTON, NANCY 164 GORBUTT ROAD CRESCENT CITY, FL 32112 VP COSTON, TONY		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		STANGES TO OFF	☐ Change	Addition
CITY-ST-ZIP	COSTON, NANCY 164 GORBUTT ROAD CRESCENT CITY, FL 32112 VP		NAME STREET ADDRESS CITY-S7-2IP TITLE		STANGES TO OFF	☐ Change	Addition
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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 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.

CITY-ST-ZIP

4/10/04 SIGNATURE: X Davtime Phone #