2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

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DOCU 1. Entity Nam DUDASH			Secretary of State 02-02-2004 90044 036 ***150.00									
Principal Plac			- C									
1 1	IELO DR	The special section of	ailing Address 355 DEERFIELD DR - ARASOTA, FL 34233					120000	10	3		
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				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01302004	Chg-P	CR2E0	34 (10/03)	
City & State				City & State				4. FEI Numbe	12993	rO.	<u> </u>	plied For at Applicable
Zip	Country			Zip	itry	\neg	E Cartificato	of Status Desired		\$8.75 Add	ditional	
		<u> </u>		· .:				o. Certificate	or Status Desireu		Fee Require	d
6. Name and Address of Current Registered Agent Name and Address of New Registered Agent												
	Name											
DUDASH,			•			Charat Address (D.O. Day Niverbox in Nat Apparatolyla)						
4355 DEE	Street Address (P.O. Box Number is Not Acceptable)											
SARASUI	A, FL 3423	33										
•						City						
=-	•									FL	Zip Code	е.
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 accept the obligations of registered agent.												
			•									
SIGNATURE												
(No. 1984) (Page 1997)												
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Trust Fund Contribution.												
10. OFFICERS AND DIRECTORS						4.2		ADDITIONS/	CHANGES TO OF	ICERS AND	DIRECTOR	S IN 11
TITLE	D			☐ Delete	Ε, .					Change	Addition	
NAME	DUDASH, GEORGE				iE							
STREET ADDRESS	4355 DEERFIELD DR				EET ADDRESS							
CITY-ST-ZIP	SARASOTA	A, FL 34233			CITY	-ST-ZIP					*	
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	contifue that the	information aug	align with this f	iling does not qualify fo			n Soc	ction 119 07/21/) Florida Statutos	1 further cert	lify that the i	ninrmation
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 applications, with all other like empowered.												
of the cor changed	rporation or the , or on an attac	receiver or trus chment with ap	uce empowere ddress, with a	a to execute this report ot her lik e empowered	t as requi I.	rea by Unapter (ьU/,	, riorida Statute	s; and that my han	ie appears ii	1 (5) OCK 10 O	FISIOCK ITII
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