FILED May 14, 2004 8:00 am Secretary of State 05-14-2004 90008 010 ***158.75

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	Æ	INN	UAL	REPOI	₹T	
 						

INC.		ANING SERVICE,						
Principal Place of Business 9533 HANDLEY COURT	Va.	Mailing Address 9533 HANDLEY COURT					ባቶበ	04481
ORLANDO, FL 32817		ORLANDO, FL 32817						
Principal Place of Business	sta Cin	3. Mailing, Address,	Vieta Cir	cb,				
Suite, Apt. #, etc.	<u> </u>	Suite, Apt. #, etc.			03062003	Chg-P	CR2E034 (10/0	03)
City & State VILLO	Torida	City & State Ovila	O. Flori	de	4. FEI Numb	39-219/1	830	Applied For Not Applicable
Zip 31765 Country	USA	zip 32765	Country USA		5. Certificate	of Status Desired	\$8.75 Fee Req	Additional juired
6. Name and Addr	ress of Current R	Registered Agent	Năme	11	7. Name and	Address of New Re	egistered Agent	
STEWART, LATRICE N 9533 HANDLEY COURT			Street Ad	dress (i	P.O. Box Numb	er is Not Acceptable	/ (,
ORLANDO, FL 32817			5/4	20	LINA	Tista OTIC	le # 114	<u> </u>
1-3			City	ÜVI	edo		rL _	cod 20165
8. The above named entiry submits the obligations of registered ager		ithe purpose of changing its re	gistered office or	register	red agent, or bo	th, in the State of Flo	rida. I ark familiar v	with, and accept
SIGNATURE Signature, lypled or printed nar	ne of registered agent as	nd title if applicable. (NOTE: F	egistered Agent signatu	re required	(gottaling pertwit		DATE	
FILE NOW!!! FEE I		9. Election Campaign Trust Fund Contrib			.00 May Be led to Fees		vith s. 607.193(2) not receive the pr	
TITLE TALLEY PD	OFFICERS AND [DIRECTORS Delete	11.	DD.		/CHANGES TO OFFI		
NAME STEWART STREET ADDRESS 9533 HANDS CONTY-ST-ZIP ORLANDO FE 32	OURT		NAME STREET ADDRESS CITY-ST-ZIP	811x	uart, late	de Lich *11 1. 32/65	ψ. <u> </u>	, additon
NAME STEWART, DERR STREET ADDRESS 9533 HANDLEY C CITY-ST-ZIP ORLANDO, FL 32	ICK J OURT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO STEX	uart, Devi o Loma Vis	iik J	(P Cha	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.017	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UV	<u>100, F1</u>	. 3014)	☐ Chai	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·,		☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Annua Vivua	☐ Cha	
12. I hereby certify that the informat indicated on this report or supply of the corporation or the receive changed, or on an attachment's SIGNATURE:	Athell	this filing does not qualify for the true and accurate and that my were to execute this report as with all other like empowered.		ted in Se ave the apter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes I ct as if made under d es; and that my name	further certify that bath; that I am an ole appears in Block	