FILED May 13, 2004 8:00 am Secretary of State 04-27-2004 90090 021 ***150.00

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2004 FOR PROFIT CORPORATION . ANNUAL REPORT

Making Access A420 M 13 AVE GANESVILLE, FL 32605 E. Principal Place of Business Suite, Apt. P. etc. Suite, Apt. P. etc. Suite, Apt. P. etc. Suite, Apt. P. etc. City & State State & S	I. Entity Name SERAPHII NC.	MENT # P0300002 NE SURVEY AND EVAL			
Sales Apt # etc. Suisa Apt # etc. Out232004 Chg-P CR2E034 (19/8) City & State City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	1420 NW 13	AVE:	4420 NW 13 AVE		A DETENTION OF THE RESIDENCE ARTER PRINT PRINT BEFORE PRINT FROM THE PRINT FROM T
City 6 State City 7 State City 6 State City 7 State Ci	. Principal Pla	ace of Business	3. Mailing Address		— I CONTROL NE COLOC ANS ENVO ENVO EN DELLA ENCO ENTE ENSE EN EL CONTROL DE LA COLOCA EN
Security Zo	Suite, Apt. #, etc. Suite, Apt. #, etc.				04232004 Chg-P CR2E034 (10/03)
S. Removaled Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portica, I am familiar wim, and accept the obligations of registered agent. SIGNATURE SCRAPHINE, ANNE E STREET MONNITY FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. Define SERAPHINE, ANNE E STREET MONSS OT1-31-29 OR1-31-29 OR1-31-	City & State		City & State		4. FEI Number 772858. Applied For Not Applicable
SERAPHINE. ANNE E ### Street Address (P.O. Box Number is Not Acceptable) City	Zip	Country	Zíp	Country	
Since Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Cod		6. Name and Address of Curr	ent Registered Agent	Name	
Cey FL Zip Code 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. IGNATURE Spalar, year or measure a migrate agent and lef appacable. POTE flequency Agent agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. IGNATURE Spalar, year or measure agent and lef appacable. POTE flequency Agent agents returned seen measure) POTE flequency Agent agents returned seen measure) POTE flequency Agent agents returned seen measure) ATTEX PORT OF FLEE IS \$150.00 ATTEX FLEE NOW!!! FEE IS \$150.00 ATTEX FLEE ONLY IF AGENT AND DIRECTORS IN 11 THE SERAPHINE, ANNE E SERAPHINE, ANNE E SERAPHINE, ANNE E SIREH ADDRESS OF STATE AGENT				<u> </u>	iss (P.O. Box Number is Not Acceptable)
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. If the Obligations of registered agent. ISONATURE: Sonatar, typed or present name of registered agent and tafe 4 ageactive. POTE: flag typed Adent agreement referred when neverating) DATE					
In the above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tam familiar with, and accept the obligations of registered agent. File Now FEE IS \$150.00				City	== 7in Code
THE HOOKIS IN THE PROPERTY OF				<u> </u>	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of 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. SIGNATURE: Apr 25 2004 352-378-23-2	NAME Street address		☐ Delate	NAME STREET ADDRESS	Change Addition
NAME SIREE ADDRESS CITY-ST-ZP 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 early; that if 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. SIGNATURE: CALL 5 2004 352-378-237	NAME Street adoress	,	☐ Delete	NAME STREET ADDRESS	Change Addition
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