## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: //

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Secretary of State** 03-26-2004 90007 004 \*\*\*150.00 DOCUMENT # P03000026882 KEVIN G. HENDERSON, P.A. Principal Place of Business Mailing Address 5402249n 12789 FORREST HILL BLVD., SUITE A & B-111 12789 FORREST HILL BLVD., SUITE A & B-111 WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business 3. Mailing Address 1521 Forest Hill Blvd. 1521 Forest Hill Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 02122004 Chg-P CR2E034 (10/03) Suite #2 Suite #2 Applied For City & State City & State 4. FEI Number West Palm Beach, FL West Palm Beach, FL 33-105-0793 Not Applicable Zic Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33406 USA Fee Required 33406 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kevin G. Henderson HENDERSON, KEVIN G 12789 FORREST HILL BLVD, SUITE A & B-111 Street Address (P.O. Box Number is Not Acceptable) WELLINGTON, FL 33414 1521 Forest Hill Blvd., Suite #2 Zip Code City West Palm Beach 33406 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-∠ὶ<u>'n</u> 6 Henderson nt and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE ח Change NAME HENDERSON, KEVIN G NAME Kevin G. Henderson STREET ADDRESS 1521 Forest Hill Blvd., Suite #2 STREET ADDRESS 12789 FORREST HIL BLVD., SUITE A & B-111 West Palm Beach, FL 33406 CITY-ST-ZIE WELLINGTON, FL 33414 CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TILLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

FILED Mar 26, 2004 8:00 am

2/12/04 (56) 721-0491