2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000027604



FILED Apr 16, 2004 8:00 am Secretary of State

04-16-2004 90124 021 ***158.75

Country Country Country Country Country 5. Certificate of Status Desired \$8.75 Addultion Fee Required Fee Required To Name and Address of New Registered Agent Name KRUPA, ELIZABETH G 7201 CARLSBAD TERRACE ENGLEWOOD, FL 34224 City FL Zip Code City FL Zip Code City FL Zip Code 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 the obligations of registered agent. SIGNATURE Signature, hipsen or printed name of registered agent and add if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. Added to Fees TITLE NAME KRUPA, ELIZABETH G STREET ADDRESS CITY-SI-JP ENGLEWOOD, FL 34224 CITY-SI-JP SIRRET ADDRESS CITY-SI-JP Sirret ADDRESS CITY-SI-JP Certificate of Status Desired Agent Address of New Registered Agent Address (P.O. Box Number is Not Acceptable) Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS CITY-SI-JP City-SI-JP City-SI-JP Sirret ADDRESS CITY-SI-JP City-SI-JP City-SI-JP City-SI-JP	
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Zip Country Zip Country 5. Certificate of Status Desired S8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Required Fee Required 7. Name and Address of New Registered Agent Name KRUPA, ELIZABETH G 7201 CARLSBAD TERRACE ENGLEWOOD, FL 34224 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affect signature (required when reinstating) Signature, hyper or prefixed agent. Signature. Signature frequency when reinstating) PillE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Defere and Contribution. Defere Site Address (P.O. Box Number is Not Acceptable) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Trust Fund Contribution. Defere Title NAME KRUPA, ELIZABETH G 7201 CARLSBAD TERRACE ENGLEWOOD, FL 34224 City-St-Jip Detere TITLE NAME NAME NAME NAME Detere NAME	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, hyped or pdirted name of registered agent and bitle if explicable. (NOTE: Registered Agent signature required when reinstating) PILE NOWILI FEE IS \$150.00	
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TITLE NAME 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under pain; that it am an officer or direction 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: Elizabeth Kupa Elizabeth	Kruja	4-14-04	941-474-0419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	/	Dale	Daytime Phone #