2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/20/.

FILED Jun 07, 2004 8:00 am Secretary of State

Principal Place of Business 2013 SE HANFORD RD. PORT ST. LUCIE, FL 34952 2. Principal Place of Business Suite. Apt. #, etc. City & State City & State Country Country CORREIA. JEFFREY G. 2013 SE HANFORD RD. PORT ST. LUCIE, FL 34952 3. Mailing Address Suite. Apt. #, etc. City & State City & State Country CORREIA. JEFFREY G. 2013 SE HANFORD RD. PORT ST. LUCIE, FL 34952 3. The above named entity submits this statement for the purpose of changing its the obligations of registered agent.	Country Name Street Address City	66426910 03022003 Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Sé (P.O. Box Number is Not Acceptable) FL Zip Code stered agent, or both, in the State of Florida. Lam familiar with, and accept
Suite. Apt. #, etc. City & State Country Country Corrent Registered Agent CORREIA. JEFFREY.G. 2013 SE HANFORD RD. PORT ST. LUCIE, FL 34952 8. The above named entity submits this statement for the purpose of changing its	Name Street Addres City ts registered office or regis	03022003 Chg-P CR2E034 (10/03) 4. FEI Number
City & State Zip Country Zip 6. Name and Address of Current Registered Agent CORREIA, JEFFREY G 2013 SE HANFORD RD. PORT ST. LUCIE, FL 34952 8. The above named entity submits this statement for the purpose of changing its	Name Street Addres City ts registered office or regis	4. FEI Number 3 7 68 79 4 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent ss (P.O. Box Number is Not Acceptable) FL Zip Code
Zip Country Zip 6. Name and Address of Current Registered Agent CORREIA, JEFFREY G 1013 SE HANFORD RD. PORT ST. LUCIE, FL 34952 I. The above named entity submits this statement for the purpose of changing its	Name Street Addres City ts registered office or regis	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent SS (P.O. Box Number is Not Acceptable) FL Zip Code
6. Name and Address of Current Registered Agent CORREIA. JEFFREY G 013 SE HANFORD RD. ORT ST. LUCIE, FL 34952 The above named entity submits this statement for the purpose of changing its	Name Street Addres City ts registered office or regis	Fee Required 7. Name and Address of New Registered Agent ss (P.O. Box Number is Not Acceptable) FL Zip Code
CORREIA, JEFFREY G 1013 SE HANFORD RD. PORT ST. LUCIE, FL 34952 I. The above named entity submits this statement for the purpose of changing its	City ts registered office or regis	sš (P.O. Box Númber is Not Acceptable) FL Zip Code
ORREIA. JEFFREY G 013 SE HANFORD RD. ORT ST. LUCIE, FL 34952 The above named entity submits this statement for the purpose of changing its	City ts registered office or regis	sś (P.O. Box Number is Not Acceptable) FL Zip Code
013 SE HANFORD RD. ORT ST. LUCIE, FL 34952 The above named entity submits this statement for the purpose of changing its	City ts registered office or regis	FL Zip Code
ORT ST. LUCIE, FL 34952 The above named entity submits this statement for the purpose of changing its	ts registered office or regis	FL [}
	ts registered office or regis	FL [}
	ts registered office or regis	FL [}
		stered agent, or both, in the State of Florida. I am familiar with, and accept
11.	TF: Recistered Agent signalure regu	•
IGNATURE		DATE
PILE NOW!!! FEE IS \$550.00 9. Election Campa Due by September 8, 2004 Trust Fund Con		\$5.00 May Be Added to Fees
O. OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TIE PRESIDENT	TITLE	☐ Change ☐ Addition
THE THE BOOK OF THE STATE OF TH	NAME Street Address	,
IT-SI-DP PORT ST LUCIE, FL 34952	CITY-ST-ZIP	
n.F Delete	TITLE	. Change Addition
ME .	NAME	ì
REET ADDRESS IY-SI-ZIP	STREET ADDRESS CITY-ST-ZIP	
	TITLE	☐ Change ☐ Addition
TLE L.1 Dekite ·	NAME	
REET ADDRESS	STREET ADDRESS	
Y-S1-ZP 1	· CITY-S1-ZIP	·
TLE	TITLE	☐ Change ☐ Addition
ME REET ADDRESS	STREET ADDRESS	
1Y-ST-ZIF	CITY-ST-ZIP	
TLE Delete	TITLE	Ctrange Addition
WIE .	NAME STREET ADDRESS	
REET ADDRESS IY-ST-ZIP	CITY-ST-ZIP	
TLE Dekte	TITLE	☐ Change ☐ Addition
MAE .	NAME	•
TREET ADDRESS	STREET ADDRESS	• •
HY-SI-ZP	CIIY-S1-ZIP	Carra 110 07/04/3 Boddy Carried Lite than 1 Carried Lite and 1 Carried
I hereby certify that the information supplied with this filling does not qualify indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this repo- changed, or on an attachment with an address, with all other like empowere	at my signature shell have ort, as required by Chaptel	
SIGNATURE: Ally of	war.	5/18/04 772-263-245