## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000038037 <ul> <li>Enclose readed from the submitter for the purpose of changing its registered office or registered agent.</li> <li>Status re</li></ul>	2004 FOR PROFIT CORPORATION ANNUAL REPORT									FILED Feb 06, 2004 8:00 am				
867 SHALLOW RUN ROAD SARUSOTA, FL 34240       867 SHALLOW RUN ROAD SARUSOTA, FL 34240       Image: State of the	1. Entity Name	Ð								Secreta	ary o	fSt	ate	
Suite, Apt. #, etc.     Suite, Apt. #, etc.     02022004     Chg-P     CR2E034 (10/03)       City & State     City & State     4. FEI Number     Application       Zip     Country     Zip     Country     5. Cardificate of status Desired     Implied Tar.       Bit Country     Zip     Country     5. Cardificate of status Desired     Implied Tar.       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       WHLLAMS; EESLIE     Date     Name     Street Address (P.O. Box Number is Not Acceptable)       SARASOTA, FL 34240     Date     Date     Date       Signart, Tar.     Tar.     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       Signart, Tar.     Street Address (P.O. Box Number is Not Acceptable)     Cry     FL     Zip Code       City     FL     Zip Code     Cry     FL     Zip Code       Signart, Tar.     Tar.     Street Address (P.O. Box Number is Not Acceptable)     Date       Signart, Tar.     Street Address (P.O. Box Number is Not Acceptable)     Date       Signart, Tar.     Street Address (P.O. Box Number is Not Acceptable)     Date       Signart     Particle of Street Address (P.O. Box Number is Not Acceptable)     Date       Signart	867 SHALLO	N RUN ROAL		8	67 SHALLOW RUN R		20 ST				(), <b></b>	1911 - 1911 - 19 <b>1</b> 1		
City & State       City & State       City & State       City & State       A. FET Number       Applied Tet Number       Applied Tet Net	2. Principal Pl	ace of Busin	ess	3.	Mailing Address									
Zip     Country     Zip     Country     Sign Country     Sig	Suite, Apt. #, etc.				Suite, Apt. #, etc.				02022004	Chg-P	CR2E034	(10/03)_	- Typering . The second s - second	
Zip       Country       Zip       Country       5. Certificate of Status Desired       \$87.75 Apathonal Fee Request         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         WHELMAGE LESKIE       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       FEL       Zip Code         8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and acceptable (POTE Hepatenal Agent spotter mention)       Datt         State Flore Ray 1, 2004 Prev will be 3550.00       9. Elaciton Campsign Financing Trust Fund Continuon.       \$5.00 May Ba Added to Pres         Nume       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Mater Mode Street Address       Change       Addit         Nume       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Mater Mode Street Address       Change       Change       Addit         Nume       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Mater Mode Street Address       Street Address       Change Addi	City & State	)			City & State						02	- I and		
Wittings         Procession         Name           B87 SHALLOW RUN ROAD SARASOTA, FL 34240         Street Address (P.O. Box Number is Not Acceptable)           Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)           Street Address (P.O. Box Number is Not Acceptable)         City         FL         Zip Code           Street Address (P.O. Box Number is Not Acceptable)         City         FL         Zip Code           Street Address (P.O. Box Number is Not Acceptable)         City         FL         Zip Code           Street Address (P.O. Box Number is Not Acceptable)         City         FL         Zip Code           Street Address (P.O. Box Number is Not Acceptable)         City         FL         Zip Code           Street Address of registered agent, or both, in the State of Florida. I am familiar with, and acce         More         The Both and agent and the 4 advocable           Street Address of registered agent, or both in the State of Florida. I am familiar with, and acce         Police         Street Address of Registered agent, or both in the State of Florida. I am familiar with, and acce           International Street Address of Registered agent, or both in the State of Florida. I am familiar with and acce         Police         State Address of Registered agent, or both in the State of Florida. I am familiar with and acce           International Street Address of Registered agent, or both State of Registered Addre	Zip		Country		Zip	Cour	ntry				LI \$8	3.75 Add	itional	
B67 SHALLOW RUN ROAD       Street Address (P.O. Box Number is Not Acceptable)         SARASOTA, FL 34240       City         Image: City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         City       FL         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         City       FL         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box N		6. Name	and Address of Curre	ent Regis	tered Agent		Name		7. Name and	Address of New I	Registered Age	ent		
The above named antity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accer the obligations of registered agent.  SIGNATURE  Signaum, hyper or prised nume of registered agent and the / feelolable  PLLE NOWNII FEE 15 \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing 10. OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS 11.  THE PULLIAMS, MARK SINEET ADDRSS DIP: 51-2P  PULLIAMS SINEET ADDRSS DIP: 51-2P  PULL	867 SHALLOW RUN ROAD						Street Ad	dress (	P.O, Box Numbe	r is Not Acceptabl	e)			
the obligations of registered agent.  SIGNATURE  Signature, tyred or ported name of registered agent and title / apolicable  Tures Fund Contribution,  PiLE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  I.  DefricERS AND DIRECTORS II.  DefricERS AND DIRECTORS III.  DIRECTORS					<b>.</b>		City				FL	Zip Code	•	
File NowIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00       9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         ITILE NAME STREET ADDRESS CITY-ST-2P       P       ITILE NAME STREET ADDRESS CITY-ST-2P       ICHARGE       ICHARGE       ICHARGE         ITILE NAME STREET ADDRESS CITY-ST-2P       IDEREM       IDEREM       ICHARGE       ICHARGE       ICHARGE       ICHARGE         ITILE NAME STREET ADDRESS CITY-ST-2P       IDEREM       IDEREM       ICHARGE       ICHARGE       ICHARGE         ITILE NAME STREET ADDRESS CITY-ST-2P       IDEREM       IDEREM       ICHARGE       ICHARGE       ICHARGE         ITILE NAME       IDEREM       IDEREM       ICHARGE </th <th>the obligati</th> <th></th> <th></th> <th>t for the p</th> <th>purpose of changing it</th> <th>ts register</th> <th>ed office or</th> <th>register</th> <th>ed agent, or bot</th> <th>h, in the State of F</th> <th></th> <th>niliar with,</th> <th>and accept</th>	the obligati			t for the p	purpose of changing it	ts register	ed office or	register	ed agent, or bot	h, in the State of F		niliar with,	and accept	
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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 supplimental 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 supplemental report is provided to the corporation or the receiver or subsection because the section of the corporation or the receiver or subsection because this report as required by Chapter 602. Florida Statutes: and that my provide the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or subsection because this report as required by Chapter 602. Florida Statutes: and that my provide the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or subsection because this report as required by Chapter 602. Florida Statutes: and that my provide the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or subsection because this report as required by Chapter 602. Florida Statutes: and that my provide the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or subsection because this report as required by Chapter 602.	NAME STREET ADDRESS		A	<u>_</u>	Delete	NAM STR	ae Eet address				C	Change	Addition	
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SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR	SIGNAT	URE: _			TRAME OF SIGNING OFFICE	R OR DIREC	TOR		Ø	0/02/04 Date	(94) Davi	)34 ime Phone #	8-217	

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