2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE and TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

DOCU 1. Entity Nam JERRY KI	# P030000	38939			Feb 02, 2004 08:00 AM Secretary of State						
Procinal Place	on of Rusinos		Moilin	a Address			-				
Principal Place of Business Mailing Address  12461 POPASH CT											
12461 POPASH CT 12461 POPASH CT N. FORT MYERS FL 33903-4751 N. FORT MYERS FL 33903-47						51					
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2. Principal F	Place of Busin	ness	3. Mail	3. Mailing Address							
Suite, Apt.	#, etc.		Suite	Suite, Apt #, etc.				MOORE	CR2E034	(11/03)	
City & State				City & State			4.	FEI Number		<u> </u>	pplied For lot Applicable
Zip	Zip Country		Zip	Zip Cour		try	5. (	Certificate of Status Desired		\$8.75 Add	
	6. Name	and Address of Cu	rrent Registere	d Agent			7. 1	Name and Address of New I	Registered	· · · · · · · · · · · · · · · · · · ·	
KUHN, GERALD 12461 POPASH CT N. FORT MYERS FL 33903-4751						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City				Zip Coc	ie :
9. The above correct entity submits this stellowed for the surgest for the						,			FL	<del>-</del>   `	
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.											
SIGNATURE Signature spect of printed name of registered gient and title if applicable. (NOTE, Registered Agent signature required when reinstance)    NOTE   NOTE											
	II F NOW!	FEE IS \$150 M	<b>K</b>							<del>.</del>	· • · · · · · · · · · · · · · · · · · ·
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State								Election Campaign Fi     Trust Fund Contribution	٠,	\$5.0 Added	00 May Be d to Fees
10.		OFFICERS	AND DIRECTO	ND DIRECTORS 11.			AD	DITIONS/CHANGES TO OF	ICERS ANI	DIRECTOR	ŠĮN II
TITLE	P CEDALD			☐ Delete		<u>:</u>				Change	☐ Addition
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CITY-ST-ZIP						ST-ZIP			<u>.                                    </u>	<del></del>	
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 explayered											

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Date Dayline Phone #