## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

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DOCUMENT # P03000041250  1. Entity Name SUNDANCE OF FT. WALTON BEACH, INC.					04-30-2004 90270 032 ***150.00			
Principal Place	e of Business	Mailing Address		_		0	4076519	
· · · · · · · · · · · · · · · · · · ·		<del>"</del>	99 SHIRAH ST			J	4010919	
DESTIN, FL 32541		DESTIN, FL 32541						
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2 Principal Pl	lace of Business	3. Mailing Address						
· · · · · · · · · · · · · · · · · · ·		o. Walling Address				ANINA ILEH MUKA MUKA MUKA	88    <b>3   6 :</b>    <b>  </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		=	03262004	Chg-P	CR2E034 (10/03)	•
City & State		City & State			4. FEI Numb	34 1428	<del></del>	pplied For at Applicable
Zip	Country	· Zip	Country			of Status Desired	\$8.75 Add	litional
<del></del>	C. Name and Address of Corne	-t Banistavad Ament					Fee Hequire	d
	6. Name and Address of Curre	nt negistered Agent	Name		7. Maine and	Address of New Re	gistereu Agent	
DEAN, MICHAEL E			<u> </u>					
99 SHIRAH			Street A	ddress (I	ess (P.O. Box Number is Not Acceptable)			
DESTIN, FL 32541								
.*.	·		City		-		FL Zip Cod	e
	named entity submits this statement	for the purpose of changing its	registered office o	register	ed agent, or bo	th, in the State of Flor		and accept
the obligati	ions of registered agent.	* 7 A *						
SIGNATURE_	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered Agent signal	ure required	when reinstating)		DATE	<del></del>
<del></del>	2		<del></del>					
FILI	E NOW!!! FEE IS \$150.00	9. Election Campai			<b>00</b> May Be		,	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55				00 May Be ed to Fees			•••
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After Ma	ay 1, 2004 Fee will be \$55	0.00 Trust Fund Control ND DIRECTORS	ribution.		ed to Fees	CHANGES TO OFFI	CERS AND DIRECTOR	
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10.	officers at DEAN, JEFF	0.00 Trust Fund Control ND DIRECTORS	11. TITLE NAME		ed to Fees	CHANGES TO OFFI		
10. TITLE NAME STREET ADDRESS	OFFICERS AND DEAN, JEFF 99 SHIRAH ST	0.00 Trust Fund Control ND DIRECTORS	T11. TITLE NAME STREET ADDRESS		ed to Fees	/CHANGES TO OFFI		
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12. I hereby certify that the information supplied with this filling 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.

SIGNATURE: Michael E. Dean 4-28-04 (850) 650-0959-homes signature and typed on printed name of signing officer on director Dean (850) 650-0959-homes (850) 650-0959-homes