## FILED Jan 05, 2004 8:00 am Secretary of State 01-05-2004 90041 002 \*\*\*150.00

2004 FOR PR ANN	•	an Se		
DOCUMENT # P0300  1. Entity Name 21ST CENTURY BUILDING S			01	
Principal Place of Business	Mailing Address			
971 CARDIGAN LANE Palm Harbor, Fl 34683	971 CARDIGAN LANE PALM HARBOR, FL 34683			
2. Principal Place of Business				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01032004	Ch
City & State	City & State		4. FEI Number	

riincipai riaci	a di Dusiness	Mailing Address					•		
971 CARDIGA Palm Harbo	IN LANE DR, FL 34683								
						8)88       8      86%  <b>8</b> 31			
2. Principal P	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01032004	Chg-P	CR2E03	34 (10/03)	
City & State	•	City & State	City & State			12515	à		plied For t Applicable
Zip	Country	Zip	Count	ry	5. Certificate of	f Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	.,
				Name	-			•	- `
HAHN, A. DAVID 971 CARDIGAN LANE PALM HARBOR, FL 34683			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	3
9 The above	named entity submits this statement for	or the purpose of changing its	rogistore	d office or rec	sistered agent, or both	in the State of Ele		miliar with	and accent
	ions of registered agent.	or the purpose of changing its	s registere	a onice or reg	gistered agent, or bott	, in the State of the	onda. Fair it	TITUDICAL VVICIT,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if armicable (NOT	F: Benjetered	L Δmont eignatue re	squired when reinstating)		DATE		
<u>*</u>	Signature, typed of printed frame or registored agost	and the ill applicable. (140)		regent signature re	acquired with the restaurage		5/115		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Con		cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	OFFICERS AND DIRECTORS 11.			ADDITIONS/0	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TIFLE	Р	☐ Delete II						Change	Addition
NAME	HAHN, A. DAVID								
STREET ADDRESS	971 CARDIGAN LANE SIR		STREE	E1 AUDRESS					
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME	:					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME -					÷~ .		a.	·	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				ST- ZIP		<u> </u>			
TITLE		Delete	TITLE	1		1127		Change	☐ Addition
NAME STREET ADDRESS		•	NAME	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
		□ Detaile	TITLE					Change	Addition
TITLE NAME		☐ Delete	NAME					[] Utildings	
STREET ADDRESS				ET ADDRESS					j
CITY-ST-ZIP				ST-ZIP		•.			
TITLE		☐ Delete	TITLE			13		☐ Change	Addition
NAME		□ Delete	NAME						_
STREET ADDRESS				ET ADDRESS					
C1TY - ST - ZIP			CITY -	ST-ZIP					
12   hereby	certify that the information supplied wit	h this filing does not qualify for	or the exer	motion stated	in Section 119.07(3)(i)	, Florida Statutes.	I further certi	ify that the in	formation

Indicated on this report or supplied with this liting does not quality for the exemption stated in Section 119.07 (SM), rising a state of the centry 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 addless, with all other like empowered.

SIGNATURE: