37500

FILED Apr 19, 2004 8:00 am Secretary of State

3/1

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business Mailing Address 1699 SOUTH 14TH STREET SUITE 11 FERNANDINA BEACH, FL 32034 Mailing Address 1699 SOUTH 14TH STREET SUITE 11 FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034			AITI	1071		<u> </u>					03-10-20	J04 900:	33 UU3 **	*150.00
1699 SOUTH HATH STREET SUITE 11 FERNANDINA BEACH, FL 32034 2. Phroppin Place of Describers Suite, Apr. #, etc.	1. Entity Name				4029	•						. 4 4 0 (n H E	
1.599 SOUTH HATH STREET SUITE 1 FERNANDINA BEACH, FL 32034 2. Phroppin Place of Describes Suite, Apt. #, etc. S	District Place of Durbons										F)	64121	675	
Supp. Appl. 4, etc. Supp. Appl. 4, etc.	1699 SOUTH 14	ATH STREET			1699	SOUTH 14TH ST				arráti di Al			•	()*() (*)
City & State City & FE City & State City	2. Principal Place of Business 3. Mailing Address								-					
Zip County Zip County S. Certificates of Stude Desired St. Sectional Price Propagation Price Propagation S. S. Name and Address of Current Registered Agent S. Certificates of Stude Desired St. Sectional Price Propagation Price Propagation S. S. Name and Address of Current Registered Agent S. Sectional Price Propagation S. S. Name and Address of New Registered Agent S. Carlottered Agent S. Name and Address of New Registered Agent S. Name and Address of New Re	Suite, Apt. #, etc Suite, Apt.						upt. #, etc.			2004	Chg-P	CR2E0		
S. Name and address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address of Not Acceptable) 6. Cry 6. The Address of Not Acceptable) 8. The Address of Not Acceptable) 9. Election Campaign Financing 9. Election Campaign Financing 10. OFFICES NAD DIRECTORS IN 1. 10	City & State			City	City & State				Number	1058	416			
Name	<u> </u>	Zip Country				Zip Coun							Fee Required	
MAGES AND PIPER LANE FERNANDINA BEACH, FL 32034 City FL Zip Code		6. Name en	d Address	of Curren	t Registere	d Agent		L	7. Na	me and A	ddresa of New	Registered	Agent	<u></u>
B. The above named entity submits this attatement for the purpose of changing its registered agent, or both, in the State of Rorda. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOVETH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE FOR I I I I I I I I I I I I I I I I I I I	4466 SANDE	PIPER LAN	ie .)34					ess (P.O. Bo	x Number	is Not Acceptab	vie)	- خەسىم مىلىد	
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Rinda. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 9. Election Campaign Financing Trust Fund Contribution 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INE FOR A MOS RIVER OF THE MAKE STREET ADDRESS TO OFFICERS AND DIRECTORS IN 11. INE FOR A MOS RIVER ST. THE MAKE STREET ADDRESS TO OFFICERS AND DIRECTORS IN 11. INE FOR A MOS RIVER ST. THE MAKE STREET ADDRESS TO OFFICERS AND DIRECTORS IN 11. INE FOR A MOS RIVER ST. THE DIRECTORS ONLY STREET ADDRESS TO OFFICERS AND DIRECTORS IN 11. INE FOR A MOS RIVER ST. THE DIRECTORS ONLY STREET ADDRESS TO OFFICERS AND DIRECTORS IN 11. INE FOR A MOS RIVER ST. THE DIRECTORS ONLY STREET ADDRESS ONLY ST. DR. THE DIRECTORS ONLY ST. DR. THE DIRECTOR ST. DR. T								City				Ei	Zip Code	
the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TILE FOR JAMES STORES OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE FOR JAMES STORES OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE JAMES STORES OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 TILE JAMES STORES OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 TILE JAMES STORES OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 TILE JAMES STORES OFFICERS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 TILE JAMES STORES OFFICERS OFFICERS OFFICERS AND DIRECTORS IN 11 TILE JAMES STORES OFFICERS O								<u> </u>						
FILE NOWTII FEE IS \$150.00 After May 1, 2004 Fee with be \$550.00 Trust Fund Contribution The WIR GIPIA MOSE U	the obligation			statement	for the purp	ose of changing its	s registe:	red cilice or reg	istereo ager	ii, or ocin	, in the State of F	-ionda, rain	ternmer with,	and accept
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE FUND VIR GIPI A MOSE OFFICERS AND DIRECTORS IN 11 WAS SIREST ADDRESS CITY-ST-2P TITLE MAKE SIREST ADDRESS CITY-ST-2P CITY-ST-2P TITLE MAKE SIREST ADDRESS CITY-ST-2P TITLE MAKE SIREST AD	SIGNATURE	griature, typed or p	rinted name of	registered age	ot and sittle if app	ficable. (NO	E: Register	ed Agent signature re	drived when vin	stating)		DATE		
TITLE Delete TITLE Delete Delet	FILE After May	NOW!!! F	ee will	be \$ 550	.00	Trust Fund Con	tribution	. 🗆	Added to Fe	es				
NAME SITEET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P TITLE STRE	10.		OF	ICERS AN	D DIRECTO		_+_		ADO	ITIONS/C	HANGES TO OF	FICERS AN		
ITILE Change Addition IMAKE STREET ADDRESS CITY-ST-2P ITILE Change Addition ITILE Change Change Addition ITILE Change	NAME TO				St. 1	#11	NAJ Str	ME					[_] Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE		FERA		1		☐ Celeta	TAT	LE .			···		☐ Change	Addition
TITLE Delete TITLE NAME	SINKEI NOUNESS	1699	صک	ीपक	BCH BCH		STI	REET ADDRESS						
CITY-S1-ZIP TITLE MAME STREET ADDRESS CITY-S1-ZIP 12. I hereby certify that the information supplied with this tiling 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 en officer or director of the opporation 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		<u> </u>	- 11 -		1000		1(1		. <u> </u>				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby centify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further centify that the information inficence 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.			<u> </u>	<u>.</u> .		-	CI	Y-\$1-ZIP			<u>.</u>			· ·
NAME STREET ADDRESS CITY-ST-ZIP TITLE IDelete ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE IDELET ITILE STREET ADDRESS CITY-ST-ZIP 12. I hereby centify that the information supplied with this tiling 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.	HAME Street address	The second second	,			Delete	NA STI	ME PEET ADDRESS	سەرە ئىنسىپ ∞ە				~~`(±i Change?	Addition
NAME NAME SIREET ADDRESS CITY-ST-ZIP 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 empowered.	Name Street address		· · · · · · · · · · · · · · · · · · ·	<u> </u>		☐ Delete	NA STI	ME REET ADORESS					☐ Change	Addition
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.	TITLE NAME STREET ADDRESS					☐ Delete	na St	AIE REET ADDRESS					☐ Change	☐ Addition
ON THE CASE OF LAKE ALL THE ALL THE STATE OF	indicated or of the corpo changed, o	in this report or oration or the or on an attack	receiver o hment with	ental repor r trustee en an addres	t is true and apowered to s. with all of	accurate and that execute this report her like empowered	my sign rt as req d 7	ature shall have uired by Chapte	a the same le	mal effect	as if made under that my na	er oath: that i	l am an office in Block 10 d	or director