## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 20, 2004 8:00 am Secretary of State

DOCUI 1. Entity Nam RICHARD					02-02-200	4 90040	032 ***	150.00							
Principal Place of Business 5100 CENTRAL AVE ST PETERSBURG, FL 33707				Mailing Address 5100 CENTRAL AVE ST PETERSBURG, FL 33707					£8170 ((c) <b>16</b> 11 0110 081	6640		: [4] [1]			
2. Principal Place of Business				3. Mailing Address								HILLIAN			
Suite, Apt. #, etc.			,	Suite, Apt. #, etc.				01262004	Chg-P	CR2E03	4 (10/03)				
City & State			1	City & State				4. FEI Numbe	" 47-092	.0123		oplied For ot Applicable			
Zip	Country			Zip Coun				Certificate of Status Desired				litional d			
6. Name and Address of Current Registered Agent						Name		7. Name and	Address of New R	egistered A	gent	•			
SORKIN, RICHARD E 5100 CENTRAL AVE						Street A	ddress (	P.O. Box Nümbe	er is Not Acceptable	<del>)</del>					
ST PETER	SBURG, I	FL: 33707													
						City				FL	Zip Cod	9			
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, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE															
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees															
10.	OFFICERS AND DIRECTORS								CHANGES TO OFF						
TITLE Name				☐ Oelete	E E		sident HARO SORL	くい		Change	Addition				
STREET ADDRESS City-St-ZIP				STR Conv			210	100 Central Are 5t. Petrasburg Fl. 33707							
TITLE				☐ Delete HIU			Jecretary □ Change ☑ Addition								
NAME STREET ADDRESS				NAM STR			5100	RICHARD SPULIN 5100 Central Ave St. Petersburg FC 33707							
CITY-ST-ZIP						-ST-ZIP	57	teleus bu	ng FC 5371		☐ Change	☐ Addition			
NAME STREET ADDRESS			_		NAM Stri	E Et address				·					
CITY-ST-ZIP				☐ Delete	cm - inl	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			Change ~	Addition -			
NAME -					NAA	E									
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP									
title Name	1			Delete	TITL NAM						☐ Change	Addition			
STREET ADDRESS CITY-ST-ZIP		•				ET ADDRESS - ST-ZIP					2	,			
TITLE				☐ Delete	TITL						Change	☐ Addition			
NAME STREET ADDRESS		STR	EET ADDRESS												
12. I hereby of indicated	certify that the on this repo	e information supplied w	ith this fit is true	lling does not qualify for and accurate and that r		motion sta	ted in Senave the	ection 119.07(3) same legal effec	i), Florida Statutes.	l further certi	fy that the in	nformation or director			
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.															
SIGNAT	'URE: _	SIGNATURE AND TYPED O	0 DENATE:	SIGNATURE: RICHARD SERLW 1/29/04 727 321 1101											