2004 FOR PROFIT CORPORATION ANNUAL REPORT

67A 173

FILED May 03, 2004 8:00 am Secretary of State

So Name and Address of Current Registered Agent So Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name BOLDUC, ROGER 7501 PORTOSUENO BRADENTON, FL 34209 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named enthy 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 acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent. SIGNATURE Signature, your of primary and stee of equitable. PADIS Registered Agent signature required steen removable discrementage. PADIS Registered Agent signature required steen agent	1. Entity Nan	MENT # P030 WAY BOAT YARD,						05-03-200	04 90722 02		
Sulle, Apt. #. etc. City & State City & State Country, Zip Country, Zip Country, Zip Country, Sold	480 BLACKE	HIRNLET ROAD 1103) QH\ AVE € _{ARI}	O BLACKBURN PT. R	3 75 OAD	OI POKTOS BLADENTO	UENU FL	r saisa 1941 aal91 aa44 aa	III. Pä ttä su tt som		3 11 11 11 12 12 12 12 12
City & State See Required See Required Fig. City Fig. Zip Code City Fig. Zip Code Fi	2. Principal P	Place of Business	3. M	ailing Address							
State Applications State A	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262004	Chg-P	CR2E034	(10/03)	
S. Ourflicate of Sizusu Desired Fee Required Fe	City & Stat	е	Ci	City & State			4. FEI Numb	oer 06162	31	- 	plied For t Applicable
Name	Zip	Country,	Zip	·	Coun	try	5. Certificate	of Status Desired			
Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL NowIn First Statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and acc into obligations of registered agent. SIGNATURE SIGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$255.00 After May 2, 2004 Fee will be \$255.00 After Ma		6. Name and Address	of Current Registe	red Agent		Name	7. Name and	d Address of New	Registered Age	ent	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Soprature, typed or prival union of registered port and feel flagstable. POTE Registered Agent algorithm reported when rendering) DATE FILE NOWILI FEE IS \$150,70.0 P. Election Campaign Financing Add do fees Added to Fees	7501 POR	TOSUENO					(P.O. Box Numb	per is Not Acceptab	le)	-	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accidence of colligations of registered agent.						City			FI .	Zip Code)
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 TITLE PS	SIGNATURE_	Signature, typed or printed name of	registered agent and title if a						DATE		
TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME					-						
NAME SINEET ADDRESS CITY-ST-ZIP TITLE NAME SINEET ADDRESS CITY-ST-ZIP			ICERS AND DIRECT		_		ADDITIONS	/CHANGES TO OF			
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 direct of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: X	NAME STREET ADORESS			☐ Delete	NAMI STRE	E ET ADORESS			C] Change	Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davime Phone #	indicated of the con changed,	on this report or supplementation or the receiver or or on an attachment with:	intal report is true and trustee empowered to applications, with all o	d accurate and that mo execute this report the like empowered.	ny signat as requir	ture shall have the red by Chapter 60	same legal effe	ct as if made under	oath; that I am	an officer	or director