2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2004 8:00 am Secretary of State

4/1/04 B86)441-5125

DOCUN 1. Entity Name XANDER			04-07-2004 90020 010 ***150.					150.00			
Principal Place 16 TROPICAL ORMOND BY		32176		Mailing Address 16 TROPICAL DRIVE ORMOND BY THE SEA, FL 32176			94046431				
2. Principal Place of Business			3. Mailing Addres		. 4.4						
Suite, Apt. #, etc.			Suite, Apt. #, et			03112004	Chg-P	CR2E	034 (10/03)		
City & State			City & State			4. FEI Numbe	^{er} 32-00	080611	<u> </u>	plied For t Applicable	
Zip	Country		Zip	Zip			5. Certificate	of Status De	sired	\$8.75 Addi Fee Required	
	6. Name ar	nd Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
					ALEXANDER, DANIEL						
ALEXANDER, DANIEL 3600 SOUTH PENNINSULA DRIVE PORT ORANGE, FL 32127					Street Address (P.O. Box Number is Not Acceptable)						
TOWN STOWNOL, TE SEIZI				35° / 3	-	16 T	5 TROPICAL DRIVE				
					City	ORMOI	ND BY TH	E SEA	F	Zip Code	32176
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 titls if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign f Trust Fund Contribut							00 May Be ed to Fees	: == <u>-</u> -	- might		لنتيت بأداعة
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS,	CHANGES 1	O OFFICERS AN	ND DIRECTORS	S IN 11
TITLE	PVPT			Delete TITLE PV						Change	Addition
NAME	ALEXANDE	R, DANIEL	-5	· ` .			LEXANDER, DANIEL				
STREET ADDRESS CITY-ST-ZIP	l	H PENNINSULA DRI NGE, FL 32127	VÉ	STI			6 TROPICAL DRIVE RMOND BY THE SEA, FLORIDA 32176				
TITLE	S		☐ Del	ete TiTi		\$.		🗶 Change	☐ Addition
NAME	ALEXANDE	-		NAM			LEXANDER, JULIE 6 TROPICAL DRIVE				
STREET ADDRESS CITY-ST-ZIP	1	H PENNINSULA DR NGE, FL 32127	VE	EET AODRESS Y-ST-ZIP	DRMO	RMOND BY THE SEA, FLORIDA 32176					
TITLE NAME			☐ Del	ete TITI NAJ						☐ Change	Addition
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TITLE			☐ Del	ete TITI	LE	ļ				☐ Change	☐ Addition
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STREET ADDRESS				1	REET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP										Change	Addition
TITLE NAME			∟ Del	lete TIT						☐ Auguge	FIGURIUM .
STREET ADDRESS)			1	REET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP						
	certify that the i	nformation supplied with	n this filing does not d	qualify for the ex	emption sta	ted in Se	ection 119.07(3)	(i), Florida St	atutes. I further o	ertify that the in	nformation
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 attaafment with an address, with all other like empowered.											