

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90016 049 \*\*\*150.00

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| <b>DOCUMENT # P03000064885</b><br>1. Entity Name<br><b>T5 FOAM WORKS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                                                          |                                                                                                                        |                                                                                                                                          |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| Principal Place of Business<br><b>16412 AVILA BLVD.<br/>TAMPA, FL 33613</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                                          |                                                                                                                        | Mailing Address<br><b>16412 AVILA BLVD.<br/>TAMPA, FL 33613</b>                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 2. Principal Place of Business<br><b>14320 Carlson Circle</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | 3. Mailing Address<br><b>14320 Carlson Circle</b><br>Suite, Apt. #, etc. |                                                                                                                        |                                                                                                                                         |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| City & State<br><b>Tampa FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | City & State<br><b>Tampa FL</b>                                          |                                                                                                                        | 4. FEI Number<br><b>57-1170954</b>                                                                                                                                                                                        |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| Zip<br><b>33626</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | Country<br><b>U.S.A.</b>                                                 |                                                                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>HATCHER, DAVID B II<br/>16412 AVILA BLVD.<br/>TAMPA, FL 33613</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                                          |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>Hatcher, David B. II</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>14320 Carlson Circle</b><br>City <b>Tampa</b> <b>FL</b> Zip Code <b>33626</b> |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 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.<br>SIGNATURE <i>David B. Hatcher II</i> <b>DAVID B. HATCHER II</b> <b>3/3/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width:70%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> </table> |                                                                              |                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | Delete <input type="checkbox"/>                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Delete <input type="checkbox"/> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Delete <input type="checkbox"/> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Delete <input type="checkbox"/> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Delete <input type="checkbox"/> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Delete <input type="checkbox"/> | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width:70%; text-align: right;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td><b>President<br/>David B. Hatcher II<br/>14320 Carlson Circle<br/>Tampa FL 33626</b></td> <td></td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td><b>T<br/>Robert A. Temple<br/>14320 Carlson Circle<br/>Tampa FL 33626</b></td> <td></td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td><b>S<br/>Robert A. Temple<br/>14320 Carlson Circle<br/>Tampa FL 33626</b></td> <td></td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> </table> |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> | <b>President<br/>David B. Hatcher II<br/>14320 Carlson Circle<br/>Tampa FL 33626</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> | <b>T<br/>Robert A. Temple<br/>14320 Carlson Circle<br/>Tampa FL 33626</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> | <b>S<br/>Robert A. Temple<br/>14320 Carlson Circle<br/>Tampa FL 33626</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Delete <input type="checkbox"/>                                              |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Delete <input type="checkbox"/>                                              |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Delete <input type="checkbox"/>                                              |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Delete <input type="checkbox"/>                                              |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Delete <input type="checkbox"/>                                              |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| <b>President<br/>David B. Hatcher II<br/>14320 Carlson Circle<br/>Tampa FL 33626</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| <b>T<br/>Robert A. Temple<br/>14320 Carlson Circle<br/>Tampa FL 33626</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| <b>S<br/>Robert A. Temple<br/>14320 Carlson Circle<br/>Tampa FL 33626</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |
| 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 807, 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.<br><b>SIGNATURE: <i>David B. Hatcher II</i> DAVID B. HATCHER II</b> <b>3/3/04</b> <b>(813) 814-9936</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                |                                                                              |                                                                          |                                                                                                                        |                                                                                                                                                                                                                           |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                |                                                                              |                                                                                      |  |                                                |                                                                              |                                                                           |  |                                                |                                                                              |                                                                           |  |                                                |                                                                   |                                                |                                                                   |                                                |                                                                   |