## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 27, 2004 8:00 am Secretary of State

1. Entity Name	MENT # P0300007112 ONRY INC			09-27-20	04 90002 016 *	**150.00	
Principal Place		Mailing Address					
ORMOND BEI	<del>1, FL 32174</del>	ORMOND BCH, FL 32174			1402743	5	•
2. Principal Place of Business  3. Mailing Address  3. Mailing Address  3. Walling Address  4.3 V 1 a gl  Suite, Apt. #, etc.  Suite, Apt. #, etc.			-OP				
				08122004	Chg-P	CR2E034 (10/03)	
Chammad Bunch H Style State			non 20	4. FithNumb	506480	<i>/</i> / /	pplied For ot Applicable
Zip	Sountry S	29 2 1 M. L. S	Country	5. Certificate	of Status Desired	□ \$8.75 Ad	ditional
501	6. Name and Address of Current Reg	OCLUT L	nuna	<u>.</u>	Address of New Reg	Fee Require	ed
I A BARBE	RA, PETER		Name			•	
1481 N US	<del>ete -</del>	Street Address (P.O. Bpx Number is Not-Acceptable)					
O <del>lume Asic</del>	<del>501,42-324/1</del>				_		
	•		City()Pr	nond	Beach	FL 327	114
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  1							
**	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	Financing \$	5.00 May Be dded to Fees	In accordance will corporation did no	th s. 607.193(2)(b), ot receive the prior	F.S., the Jones	
10.	OFFICERS AND DIF	RECTORS A	11.	ADDITIONS	I /CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN .11
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12I hereby certify that the information sypplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information—indicated on this report or, supplied the 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 of protected to execute this report as required by Chapter 607; Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
WHI ICH - Clored a contract of the contract of							
SIGNATURE: 8/H 0 4  JANUARE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date							