## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT (AR)** DOCUMENT # P03000073702

1. Entity Name



## **FILED** Apr 30, 2004 8:00 am Secretary of State

PASLEY				04-30-2004 90361 023 ****150.00						
Principal Place of Business Mailing Address										
14535 BRUCE B DOWNS BLVD UNIT 2331 14535 BRUCE B DOWNS BL TAMPA FL 33613 1AMPA FL 33613				O UNIT 2331						
2. Principal F	Place of Business	3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				МС	ORE	CR2E034	(11/03)	
City & State		City & State				4. FEI Number	4-189	1920	<del></del>	pplied For ot Applicable
Zip	Country	Zip Count		ry (		5. Certificate of St		П	\$8.75 Add Fee Require	ditional
	6. Name and Address of Current	Registered Agent				7. Name and Add	ress of New	Registered /	Agent	
D. 6				Name				-		
PASLEY, LAURA M 14535 BRUCE B DOWNS BLVD UNIT 2331 TAMPA FL 33613				Street Address (P.O. Box Number is Not Acceptable)						
			}	City				FL	Zip Cod	le
SIGNATURE Signature Typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State						9. Election	n Campaign Fund Contributi	~ ~	\$5.0 Added	00 May Be
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHA	NGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PASLEY, LAURA M 14535 BRUCE B DOWNS BLVD UI TAMPA FL 33613	☐ Delete		!					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON TARAA 14535 BRUCE B DOWNS BLVD UI TAMPA FL 33613	□ Delete		et address St-Zip	Wilso 8408 TAMB	ON, TARA 3 CERRO C A, FI. 3 3	A. Lincle 3617	4p+ 24	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	I	•				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Delete .							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		et address St-zip					☐ Change	☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete		T ADORESS ST-ZIP					☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: