
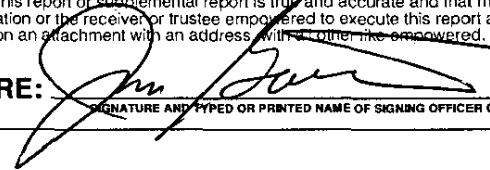


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90390 048 ***150.00

DOCUMENT # P03000075460 1. Entity Name GOT-LEW, INC.																											
Principal Place of Business 18493 ORLANDO ROAD FORT MYERS, FL 33912		Mailing Address 18493 ORLANDO ROAD FORT MYERS, FL 33912																									
2. Principal Place of Business 26821 South Bay Dr # 110 Suite, Apt. #, etc. The Promenade City & State Bonita Springs, FL Zip 34134 Country Lee		3. Mailing Address 26821 South Bay Dr # 110 Suite, Apt. #, etc. The Promenade City & State Bonita Springs, FL Zip 34134 Country Lee																									
4. FEI Number 54-2117206		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LEWIS, CLIFFORD A JR. 18493 ORLANDO ROAD FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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 or without other like empowered.																											
SIGNATURE: 		Date 3/24/04 Daytime Phone # 239/433-4700																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											