FILED Aug 27, 2004 8:00 am Secretary of State 05-05-2004 90226 008 ***150.00

5/5/

2004 FOR PROFIT CORPORATION

	ANN	DAL REPORT		 -				
1. Entity Nar	MENT # P03000 Ens, INC.	00764 7 7						
Principal Plac	ce of Business	Mailing Address			CC 4 2 2 3	729		
1 '		-	· ·		66432732			
1365 NE HILLTOP ST JENSEN BEACH, FL 34955			P O BOX 1586 Jensen Beach, Fl. 34955					
JENSEN BEA	101,1E 34303	JENOCH BONCH, J.C. 34	,555		talka mr pala delli desi		W 445004 14 240004	
							BILLE LIMBE	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			CONTRACTOR SERVE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (10/03)		
City & State		City & State	City & State		C2468		oplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	□ \$8.75 Ad	titional	
			<u> </u>			ree Require	d	
772-2	u. reme and Address of (Current Registered Agent	Name	7. Name and	Address of New Ri	gistered Agent		
ROECKE	NRIDGE, ABRAHAM		Harne					
1365 NE	HILLTOP ST		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
JENSENI	BEACH, FL 34955				<u></u>			
<u></u>			City			FL Zip Cod	e	
8- The above	named entity submits this state	ement for the purpose of changing its	registered office or n	egistered agent, or both	, in the State of Flo	ida. I am familiar with,	and accept	
the opinga	tions of registered agent.						t	
SIGNATURE.	<u>y</u>	·					į	
	Signature, typed or printfid name of registe	ered again and title if applicable. (NOT	E: Registered Agent pignasiza	reclured when reinstakings		DATE		
								
	E NOWILL FEE IS \$150. by 1, 2004 Fee will be			\$5.00 May Be Added to Fees			1	
	-y 11 200 - 1 00 H-11 00							
10.		RS AND DIRECTORS	11,	ADDITIONS/C	HANGES TO OFFI	ERS AND DIRECTOR	S (N 11	
j#filE	Р	C Deiens	duz			☐ Change	Addition (
NAME	BRECKENRIDGE, ABRAI	HAM	NAME	•			į,	
STREET ADDRESS	1365 NE HILLTOP ST		STREET ADDRESS				ļ	
CHY-ST-ZIP	JENSEN BEACH, FL 349	155	CITY-ST-ZIP					
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NAME STREET ADDRESS	,	*	STREET ADORESS					
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STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Dølete	CITY-ST-ZIP TITLE NAME	;		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-2IP TITLE MAMF STREET ADDRESS CITY-ST-2IP			CITY-ST-ZIP HILE HAME STREET ADDRESS CITY-ST-ZIP	In Capillan 450 DY/AVI	English Statistics			
STREET ADDRESS CITY-ST-2IP TITLE MAMF STREET ADDRESS CITY-ST-2IP	certify that the information supplien on this report or supplienental		CITY-ST-ZIP HILE HAME STREET ADDRESS CITY-ST-ZIP	I in Section 119.07(3)(i) e the same legal effect	, Florida Statules, I as if made under o			
STREET ADDRESS CITY-ST-2IP TITLE MAMF STREET ADDRESS CITY-ST-2IP	certify that the information supplied on this report or supplemental poration or the receiver or fust the common and attachment with an ex-		CITY-ST-ZIP HILE HAME STREET ADDRESS CITY-ST-ZIP	l in Section 119.07(3)(i) e the same legal effect er 607, Floride Statutes	, Florida Statules. I as if made under o ; and mat my hame			
STREET ADDRESS CITY-ST-2P TITLE MAMF STREET ADDRESS CITY-ST-8P 12. I hereby a indicated of the cor- changed	certify that the information supplied to this report or supplemental poration or the receiver or tust or on an attachment with an action of the supplemental to the su	lied with this filing does not qualify for report is true and accjuste and that in see empowered to execute this report ddress, with all other like empowered	CITY-ST-ZIP HILE HAME STREET ADDRESS CITY-ST-ZIP	l In Section 119.07(3)(i) e the same legal effect er 607, Florida Statutes	, Floride Statutes. I as if made under o ; and mat my hame			