2004 FOR PROFIT CORPORATION

FILED Apr 30, 2004 8:00 am

ANNUAL REFURI					Secr	etary or	Stat	
DOCUI 1. Entity Nam EVIDENS		354				2004 90347 039		
Principal Place	e of Business	Mailing Address			- -			
2564 10TH SARASOTA, F	ST. #208	2564 10TH ST. #208 SARASOTA, FL 34237			er gerge that Salar Salar Salar			
2. Principal Place of Business 3. Mailing Address Poly			n Dr.					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01292004	Chg-P	CR2E034 (10/03)		
City & State	ierce, F.L	City & State	FL _	4. FEI Numl	per	√Ap	pplied For	
3498	2 Country U.S	3 ^{zi} 4982	Country S,		e of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current i	Registered Agent	Name /	7. Name an	d Address of New Re	gistered Agent		
PROBST, ROBERT L KICK				ddress (P.O. Box Numi	P.O. Box Number is Not Acceptable)			
SARASOTA, FL 34237				TUO 01 00				
			City 1	1909 P	<u>۱۱۱ سه</u>	Zin 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 acc							182	
the obligations of registered agent and title flagscape. SIGNATURE Living To The State of Folia agent and title if applicable. (NOTE Registered Agent signature required when reinstaing) 4/14/04 Signature, typed of Entered agent and title if applicable. (NOTE Registered Agent signature required when reinstaing)								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
1036 sty 2			11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTORS		
NAME .	PCEO PROBST, ROBERT L	Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	2564 10TH ST. #208		STREET ADORESS				}	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	0/0=3		—		
NAME STREET ADDRESS	VP MCILLWAIN, RICHARD E 2564 10TH ST. #208	25 Delete	TITLE NAME STREET ADDRESS	5409 Polm 1	MEILWAIN:	III_ St. Change	Addition	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	Ft. Pierce, F	-L 34982			
YITLE NAME		L. Delete	TITLE NAME			Change	Addition _	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		···			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADORESS			STREET ADDRESS					
CATY-ST-ZIP			CITY-ST-ZIP		·····			
71TLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			•		
CITY-ST-ZIP			CITY-ST-ZIP					
i of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	owered to execute this report as	he exemption stary signature shall his required by Cha	ted in Section 119.07(3 ave the same legal effi opter 607, Florida Statu	(i), Florida Statutes. I ect as if made under o tes; and that my name	further certify that the in lath; that I am an officer appears in Block 10 or	nformation or director r Block 11 if	

SIGNATURE: LICHARD TO PRINTED NAME OF SIGNING OFFICER OR OF

4/14/04 (772)519-0510