## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jun 14, 2004 8:00 am Secretary of State

PSACHIE, MICH 547 WINDING (LONGWOOD F  8. The above named entity surthe obligations of registere SIGNATURE Signature, typed or particular typed or	CCE 54  COUNTRY  IN Address of Current Regis  IAEL  CREEK PLACE  L 32779  Library Statement for the part of the pa	purpose of changing it	Count	Name Street Address City ed office or regis	MOORE CR2E034 (11/03)  4. FEL Number 7 7 7 9   Applied   Not Applied   S8.75 Additions   Fee Required    7. Name and Address of New Registered Agent   Zip Code    Stered agent, or both, in the State of Florida. I am familiar with, and    pured when revisiong   DATE    9. Election Campaign Financing   Trust Fund Contribution.   Added to Financing   Added to Financi
Suite, Apt. #, etc.  City & State  Zip  6. Name an  PSACHIE, MICH- 547 WINDING ( LONGWOOD F  8. The above named entity suithe colligations of registere  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PSACHIE, MICH- SIGNATURE  SIGNATURE  SIGNATURE  PSACHIE, MICH- SIGNATURE  SIGNATURE  PSACHIE, MICH- SIRET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME SIRET ADDRESS CITY-ST-ZIP	Country  d Address of Current Regis  IAEL CREEK PLACE L 32779  ubmits this statement for the place of the statement of the statement for the place of the statement for the statement	Suite, Apt. #, etc.  City & State  Zip  stered Agent  purpose of changing it	IS registered	Name Street Address City ed office or regis	Sertificate of Status Desired
City & State  Zip  6. Name and  PSACHIE, MICH 547 WINDING ( LONGWOOD F  8. The above named entity such explorers of registere  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PSACHIE, MICH After, May 1, 2004  Make Check Payable to FI  10.  ITILE  PAAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	d Address of Current Regis  AEL CREEK PLACE L 32779  Libraries this statement for the particular agent.  The FEE IS \$150.00 Fee will be \$550.00  Lorida Department of Statement of Statemen	City & State  Zip  stered Agent  purpose of changing it  f applicable. (NO	IS registered	Name Street Address City ed office or regis	Sertificate of Status Desired
6. Name and PSACHIE, MICH 547 WINDING ( LONGWOOD F  8. The above named entity such explicit of registere SIGNATURE SIGNATURE SIGNATURE SIGNATURE PSACHIE, MICH After May 1, 2004 Make Check Payable to FI  10. ITILE PAMALE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Address of Current Regis HAEL CREEK PLACE L 32779  Libraries this statement for the particular agent.  FEE IS \$150.00 Fee will be \$550.00  lorida Department of Stat	Zip  stered Agent  purpose of changing it  f applicable. (NO	IS registered	Name Street Address City ed office or regis	Status Desired   Status Desired Agent   Status Desi
FILE NOW!!!  SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Address of Current Regis HAEL CREEK PLACE L 32779  Libraries this statement for the particular dispersion of registered agont and title FEE IS \$150.00 Fee will be \$550.00  lorida Department of Stat	purpose of changing it	IS registered	Name Street Address City ed office or regis	S. Certificate of Status Desired   \$8.75 Additionary Fee Required
PSACHIE, MICH 547 WINDING ( LONGWOOD F  8. The above named entity such the obligations of registere signature. Typed of p  FILE NOW!!!  After May 1: 2004  Make Check Payable to F  10.  ITTLE  PSACHIE, MICH 547 WINDING LONGWOOD  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	JAEL CREEK PLACE L 32779  Jobinits this statement for the part of agent.  The control of the con	purpose of changing it	PTE: Registered	Street Address City ed office or region	SS (P.O. Box Number is Not Acceptable)  FL Zip Code  Stered agent, or both, in the State of Florida. Tarn familiar with, and  pured when revision particular to the state of Florida. Tarn familiar with, and  9. Election Campaign Financing Trust Fund Contribution.
S47 WINDING ( LONGWOOD F  8. The above named entity surthe obligations of registere  SIGNATURE Signature, typed or p  FILE: NOW!!!  After May 1; 2004  Make Check Payable to F  10.  ITILE  PAACHIE, MIC  547 WINDING  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	CREEK PLACE L 32779  Library Statement for the part of agent.  Library Statement for the part of the part of agent.  Library Statement for the part of the p	(NO	PTE: Registered	Street Address City ed office or region	FL Zip Code  stered agent, or both, in the State of Florida. Lam familiar with, and  pured when resisting)  DATE  9. Election Campaign Financing Trust Fund Contribution.
547 WINDING ( LONGWOOD F  8. The above named entity such expensions of registere signature, typed or p  FILE NOW!!!  After May 1; 2004  Make Check Payable to F  10.  ITTLE  PAACHIE, MIC  547 WINDING  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	CREEK PLACE L 32779  Library Statement for the part of agent.  Library Statement for the part of the part of agent.  Library Statement for the part of the p	(NO	PTE: Registered	City ed office or regi	FL Zip Code  stered agent, or both, in the State of Florida. Lam familiar with, and  pured when resisting)  DATE  9. Election Campaign Financing Trust Fund Contribution.
THE ODLIGATIONS OF registere  SIGNATURE  Signature, typed or p  Signature, typed or p  FILE: NOW!!!  After May 1, 2004  Make Check Payable to F  10.  ITILE  PAAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP	reted name of registated agont and life FEE IS \$150.00 Fee will be \$550.00 lorida Department of Stat	(NO	PTE: Registered	ed office or regi	stered agent, or both, in the State of Florida. I am familiar with, and  DATE  9. Election Campaign Financing Trust Fund Contribution.
THE ODIGATIONS OF registere SIGNATURE SIGNATUR	reted name of registated agont and life FEE IS \$150.00 Fee will be \$550.00 lorida Department of Stat	(NO	PTE: Registered		9. Election Campaign Financing \$5.00 M  Trust Fund Contribution.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIREC	<del></del>			
TITLE NAME STREET ADDRESS CITY-ST-ZP LONGWOOD TITLE NAME STREET ADDRESS CITY-ST-ZP		<del></del>		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
STREET ADDRESS CITY-ST-ZP LONGWOOD TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete		Ε	Change
CITY-ST-ZIP  LONGWOOD  ITITLE  NAME STREET ADDRESS CITY-ST-ZIP  ITILE  NAME STREET ADDRESS CITY-ST-ZIP  ITILE  NAME STREET ADDRESS CITY-ST-ZIP  ITILE  NAME STREET ADDRESS CITY-ST-ZIP			NAME	" i	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE CITY-SI-ZIP				ET ADDRESS -S1-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		. Delete	TITLE		Change
CITY-SI-ZIP  TITLE  NAME STREET ADDRESS CITY-SI-ZIP  TITLE  NAMAE STREET ADDRESS CITY-SI-ZIP	-	- Duneill	NAMI	I .	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAMAE  STREET ADDRESS  CITY-ST-ZIP				ET ADDRESS -ST-ZIP	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE		☐ Change ☐
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAMI		
ITLE MAKE STREET ADDRESS STY-ST-ZIP		<del></del>		-ST-ZIP	بيئة فينسب بالشريبية المحالية المحالية المتعلقية المتعلقية المتعلقية المتعلقية المتعلقة
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE		Change
CITY-ST-ZIP		□ Joicig	NAM	l l	بيا دوستان ا
				EET ADDRESS	
iiile į	<del></del>	П		-ST-ZIP	☐ Change
MAKE	•	☐ Delete	TITLE NAME		Change
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
TITLE		Detete	TITLE	1	Change
STREET ADDRESS		-		EET ADDRESS	
CITY-ST-ZIP				r-ST-ZIP	<u> </u>
<ol> <li>I hereby certify that the in indicated on this report of of the corporation or the changed, or on an attach</li> </ol>	_				