2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P03000087			05-03-2004 90760 005 ***150.00
· Principal Place	e of Business	Mailing Address	Al De	
800 ILLINOIS ST. CLOUD, F	S AVENUE	800 ILLINOIS AVENUE ST. CLOUD, FL 34769	and the second of the second o	1
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2. Principal P	lace of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04272004 Chg-P CR2E034 (10/03)
City & State	e	City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current	Registered Agent	: 1	7. Name and Address of New Registered Agent
			. Name	
	QIS AVENUE		Street Add	ress (P.O. Box Number is Not Acceptable)
ST. CLOU	D, FL 34769			
			City	FL Zip Code
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent.	and title if applicable. (NOTE	: Registered Agent signature	required when reinstaling) DATE
ì				
FIL After M	E NOW!!! FEE IS \$150.00- ay 1, 2004 Fee will be \$550.	-9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees
FIL After M	E NOWIII FEE.IS \$150.00 ay 1, 2004 Fee will be \$550.0	OO Trust Fund Contr		\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
After M 10. IIILE	ay 1, 2004 Fee will be \$550.	OO Trust Fund Contr	ibution.	Added to Fees
After M 10. TITLE NAME	OFFICERS AND P SMITH, IVORY W	DIRECTORS	11. TITLE NAME	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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Thereby certify that the information supplies with missining 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 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:

SIGNATURE AND TYRED OR PRINTED NAME OF

IJOSY Smith

04-29-2001 957-02 59

Daytime Phone #