

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN 24 PM 3:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/4/04 01007 012 35.00



03052003 Chg-P CR2E034 (10/03)

4. FEI Number 55-0838614 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARION, CARL
10248 DEAN POINTE PLACE
ORLANDO, FL 32825

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input type="checkbox"/> Delete
NAME	MARION, CARL	
STREET ADDRESS	10248 DEAN POINTE PLACE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	S - T	<input type="checkbox"/> Delete
NAME	RADFORD, LINDA	
STREET ADDRESS	2129 SAN JOSE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	T - VP	<input type="checkbox"/> Delete
NAME	Kelly Marion	
STREET ADDRESS	10248 Dean Pointe Place	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900038289039	
CITY-ST-ZIP	06/25/04--01075--001 **26.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900038289039	
CITY-ST-ZIP	06/25/04--01075--002 **8.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

(407) 927-8492