## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P03000104844** 

## FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90431 045 \*\*\*150.00

Supplementary   Supplementar	1. Entity Name 151 INC.	e			-			04-20-2004	30 <del>4</del> 31 04	.J 13	0.00	
Suite	30 SOUTH LAKE AVE.			30 SOUTH LAKE AVE.				;			4	
City & State	2. Principal Pl	lace of Busir	ness	3. Mailing Address								
Time	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04212004	Chg-P	CR2E034	(10/03)		
S. Certificate of Status Desired   Fea Required	City & State			City & State								
HATFIELD, ANDERSON E 4114 N.W. 13 ST. GAINESVILLE, FL 32609-1807  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent.  SIGNATURE  STREAT ADDRESS N.E  FILE NOWILL FEE IS \$150.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  TRUE  DUKES, DANIEL A  NOME  STREAT ADDRESS  OFFI-ST-2P  RAIFORD, FL 32083  TILLE  NOWELL CHRISTOPHER J  RT. 1, BOX 995-B  RAIFORD, FL 32083  TILLE  D DEIdle  NAME  STREAT ADDRESS  OFFI-ST-2P  TILLE  D DEIDLE  TILLE  D DEIDLE  TILLE  NAME  STREAT ADDRESS  OFFI-ST-2P  TILLE  D DEIDLE  TILLE  D DEIDLE  TILLE  D DEIDLE  TILLE  D DEIDLE  TILLE  NAME  STREAT ADDRESS  OFFI-ST-2P  TILLE  D DEIDLE  TILLE  D DEIDLE  TILLE  D DEIDLE  TILLE  TILLE  D DEIDLE  TILLE	Zip	Country			Coun	try			Ė	e Required		
ANDERSON E	·····	6. Name	and Address of Curren	t Registered Agent				d Address of New Re	egistered Ag	ent	·	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature, hond or private name of migratured agent and stien if applicable.   (NOTE Registered Agent Eignature required whon reintaining)   DATE	4114 N.W. 13 ST.					,						
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	≰					City			FL	Zip Code	,	
TILE NOWIL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  ITTLE NAME NAME NAME P.O. BOX 55 CITY-ST-2P  TILE D CITY-ST-2P  OAGHOUND STREET ADDRESS CITY-ST-2P  TILE D CITY-ST-2P  TILE NAME SIREET ADDRESS CITY-ST-2P  TILE SIREET ADDRESS CITY-ST-2P  TILE NAME SIREET ADDRESS CITY-ST-2P  TILE SIREET ADDRESS CITY-ST-2P  TIL	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											
After May 1, 2004 Fee will be \$550.00    10.	SIGNATURE Signature, typed or printed name of registered agent and tibe if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
TITLE DUKES, DANIEL A: P.O. BOX 55 CITY-ST-2P LAKE BUTLER, FL 32054  TITLE NAME STREET ADDRESS CITY-ST-2P												
NAME SIRET ADDRESS CITY-ST-ZP LAKE BUTLER, FL 32054  DO POLHILL, CHRISTOPHER J RAIFORD, FL 32083  TITLE D WETZEL, MARGARET STREET ADDRESS CITY-ST-ZP CITY-ST-ZP STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP	10.	OFFICERS AND DIRECTORS					1 ADDITIONS	/CHANGES TO OFFI	CERS AND D	IRECTORS	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE D WETZEL, MARGARET STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	DUKES, I P.O. BOX	55 →	☐ Delete	NAM STRI	EET ADDRESS			[	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	POLHILL, CHRISTOPHER J RT. 1, BOX 395-B				eet address			1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME :STREET ADDRESS .	WETZEL, 6711 N.E	. 21ST AVE	☐ Delete	NAM STR	EET_ADDRESS	· · ·		- ^	Change	Addition	
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	TITLE NAME STREET ADDRESS	11.1201	PENDALE, FL 33308	☐ Delete	TITL Nam Stri	E IE EET ADDRESS				Change	☐ Addition	
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TAKE THOROUGH BOTHLY OF THE TRUTH BOTHLOUGH WITH THE BIRTH GOOD HAT GLOBER WITH THE CACCOUNT STREET IT DECIDED TO SUIT A THOROUGH A FOR THE WITH THE BOTHLOUGH AND THE CACCOUNT	NAME STREET ADDRESS CITY-ST-ZIP	Cortify that *b	ne information supplied w		NAM STR CITY	ie Eet address 7-st-zip	Section 119 07/3	Vi) Florida Statutos			1	

remain report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered. of the corporation or the receiver changed, or on an attachment

954-650-7016