## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # P03000108389



## **FILED** Feb 02, 2004 8:00 am Secretary of State

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Principal Plac	e of Business	Mailing Address		-	7.5.6				,
6635 WILLOW PARK DRIVE		6635 WILLOW PARK DRIVE NAPLES, FL 34105				010	ነ ወኋሀሀ ፌኒዮ		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142004	Chg-P	CR2E	034 (10/03)	
City & State		City & State			4. FEI Numb	° 26-00	158D	) Ar	oplied For
Zip	Country	Zip	Country		5. Certificate	of Status Desired	×	\$8.75 Add	ditional
	- 6. Name and Address of Current I	Registered Agent			_ 7. Name and	Address of New R	legistered	<del></del>	
				Name .					
DEANGELIS, JOHN M 6635 WILLOW PARK DRIVE			Si	Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, FL 34105									Production of the Control of the Con
			C	ity	FL Zip Code				
The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.					red agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept
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SIGNATURE.	Signature, typed or printed name of registered agent a	int signature require	d when reinstating)	· · · · —	DATE				
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FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution					.00 May Be ded to Fees				
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10.	OFFICERS AND		11.			CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP