FILED Apr 30, 2004 8:00 am Secretary of State 03-11-2004 90023 038 ***158.75

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Accidences 16915 NELSON RD 16915 N	1. Entity Name	MENT # P03000116	5616	- ·						
1591 N. HEJON RD 1597	Principal Place		Mailing Address	·]	664	1741	5	
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Signature 6. Name and Address of Current Registered Agent WHITE, WAYNE D 16915 NELSON RD. Sired Address P.O. Box Number is Not, Acceptable) Sired Address P.O. Box Number is Not, Acceptable) City FL Zip Code 8. The above named entity submits this salationest for the purpose of changing its registered agent, or both, in the State of Florids. Lam families with, and acceptable in the collegations of registered agent. Signature Signature Full Movelli FEE 19 \$150.00 Included Contributions 19. City FILE MOVIII FEE 19 \$150.00 Included Contributions City 3-79 SPRING HILL, FL 34610 Detect Included Contributions City 3-79 SPRING HILL, FL 34610 Detect Included Contributions City 3-79 SPRING HILL, FL 34610 Detect Included Contributions City 3-79 SPRING HILL, FL 34610 Detect Included Contributions City 3-79 SPRING HILL, FL 34610 Detect Included Contributions City 3-79 SPRING HILL, FL 34610 Detect Included Contributions City 3-79 SPRING HILL, FL 34610 Detect Included Contributions City 3-79 SPRING HILL, FL 34610 Detect Included Contributions City 3-79 SPRING HILL, FL 34610 Detect Included Contributions City 3-79 SPRING HILL, FL 34610 Detect Included Contributions City 3-79 City							.,	T 1, T T	. .	
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ZO Country Zio Country 5. Certificate of Status Desired 19 \$8.75 Additional Foot Address of Current Registered Agent 7. Name and Address of New Registered	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03052004	Chg-P	CR2E03	34 (10/03)	
S. Certhicated of Stabut Deemed By Foo Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, WAYNE D 16915 NELSON RD. Shreat Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accident and objective of agent, or both, in the State of Rorida. I am familiar with, and accident and objective of agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Trust Fund Contribution. Addid to Fees. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N.11 NAME WHITE, WAYNE D SIRE ADDRESS CITY-ST-2P SPRING HILL, FL 34810 Delete INE WAIT SIRE ADDRESS CITY-ST-2P INE MAKE SIRE ADDRESS CITY-ST-2P CITY-ST-2P INE MAKE SIRE ADDRESS CITY-ST-2P INE MAKE SIRE ADDRESS CITY-ST-2P INE MAKE SIRE ADDRESS CITY-ST-2P CITY-ST-2P INE MAKE SIRE ADDRESS CITY-ST-2P INE MAKE SIRE ADDRESS CITY-ST-2P INE MAKE SIRE ADDRESS CITY-ST-2P CITY-	City & State					4. FEI Number 2.0	-03257	174		
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accidence of the obligations of registered agent. Comparison of the obligations of registered agent.	SPRING H	ILL, PL 34010		Ī					·	
the obligations of registered agent. SIGNATURE	_				City			FL	Zip Code	9
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NAME STREET ADDRESS CITY-ST-ZP 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 cath; that I am an officer or direct 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 1: changed, or on an attachment with an address, with all other like empowered.	NAME Street Address i		□ Delata	NAME Stree	T ADDRESS	ı			Change .	Additio
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SIGNATURE: When I 121-419-185 E	indicated of the cor changed,	on this report or supplemental report poration or the receiver or trustee employ or on an attachment with an address,	is true and accurate and that r cowered to execute this report	my signatı t as require	ure shall have the	same legal effect a	as if made under :	oath; that I a	m an officer	or director

WAYNE White