


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**


03-31-2004 90014 004 \*\*\*150.00

<b>DOCUMENT # P03000116827</b>	
1. Entity Name <b>JIM DYSART, ELLIOTT AMBROSE P.A.</b>	

Principal Place of Business <b>10 WEST JEFFERSON STREET BROOKSVILLE FL 34601</b>	Mailing Address <b>10 WEST JEFFERSON STREET BROOKSVILLE FL 34601</b>
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2. Principal Place of Business <b>10 W. JEFFERSON ST.</b>	3. Mailing Address <b>10. W. JEFFERSON ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BROOKSVILLE FLORIDA</b>	City & State <b>BROOKSVILLE, FLORIDA</b>
Zip <b>34601</b>	Country <b>HERNANDO</b>

  
MOORE CR2E034 (11/03)

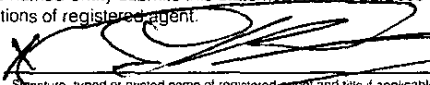
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>DYSART, JAMES H 10 WEST JEFFERSON STREET BROOKSVILLE FL 34601</b>	
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7. Name and Address of New Registered Agent	
Name <b>Jim Dysart</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>10. W. JEFFERSON ST.</b>	
City <b>BROOKSVILLE</b>	FL Zip Code <b>34601</b>

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.

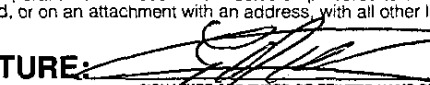
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

*\*TO DISSOLVE CORPORATION  
PROX 2001K Sent 3/29/04 3/29/04*

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DYSART, JIM 10 WEST JEFFERSON STREET BROOKSVILLE FL 34601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V AMBROSE, ELLIOTT 10 WEST JEFFERSON STREET BROOKSVILLE FL 34601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  *\*ARTICLES OF DISSOLUTION  
SENT TO DEPT OF STATE ON  
3/29/04*

Date **3/29/04** Daytime Phone # **(352) 799-0099**