2004 FOR PROFIT CORPORATION -ANNUAL REPORT

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FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90292 044 ***150.00

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Sulfo, Apt. #. etc. Sulfo, Apt. #. etc. City & State Country S. Certificate of Status Depicted S. Replaced To See Regulated For Regulated To See Regulated Agent ROBERTS, TERRANCE 8916 RICARDO LANE JACKSONVILLE, FL 32216 City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) STONATURE Street Address (P.O. Box Number is Not Acceptable) Discontinuous of registered agent, or both, in the State of Rivida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Rivida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Rivida. I am familiar with, and acceptable of the obligations of registered agent. Or both, in the State of Rivida. I am familiar with, and acceptable of the obligations of registered agent. Or both, in the State of Rivida. I am familiar with, and acceptable of the obligations of registered agent. Or both, in the State of Rivida. I am familiar with, and acceptable of the obligations of registered agent. Or both, in the State of Rivida. I am familiar with, and acceptable of the obligations of registered agent. Or both, in the State of Rivida. I am familiar with, and acceptable of Rivida agent. Or both, in the State of Rivida. I am familiar with, and acceptable of Rivida agent. Or both, in the State of Rivida. I am familiar with, and acceptable of Rivida agent. Or both, in the State of Rivida. I am familiar with, and acceptable of Rivida agent. Or both, in the State of Rivida. I am familiar with, and acceptable of Rivida agent. Or both, in the State of Rivida agent. Or both, in the State of Rivida agent. Or both, in the Sta	8916 RICARDO LANE			8916 RICARDO LANE	8916 RICARDO LANE			`\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
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ROBERTS, TERRANCE 8916 RICARDO LANE JACKSONVILLE, FL 32216 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 Florida. I am familiar with, and accident into obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations or registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations or registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations or registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations or registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations or registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations or registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations or registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations or registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations or registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations or registered agent, or both, in the State of Florida. I am familiar with, and accident into obligations	Zip			,	Cour	ntry					Fee Require	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	 	6. Name	and Address of Curre	nt Registered Agent	····	Name		7. Name and A	ddress of New F	Registered	Agent	-
8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent. SIGNATURE Signature, hower or invited name of registered agent and this if applicable. NOTE Registered Agent program recurred when containing) PLE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADD	8916 RICA	RDO LAN	1E		75° -		ddress (F	P.O. Box Number	is Not Acceptable	e)		· · · · · · · · · · · · · · · · · · ·
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 familiar with, and according to the obligations of registered agent. SIGNATURE Signature, fixed or perited name of registered agent and site if adultable. (NOTE Registered Agent Signature required when receitaing) OATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE MAME ROBERTS, TERRANCE 8916 RICARDO LANE 97681 A00685 CITY-ST-2P 171E 171E 171E 171E 171E 171E 171E 17						City				FI	Zip Cod	
Signature, hord or printed name of regisered agent and tille if applicable. NOTE Regisered Agent signature required when containing) DATE				for the purpose of changing	its register	ed office or	registere	ed agent, or both,	in the State of Flo		familiar with,	and accept
After May 1, 2004 Fee will be \$350.00 Trust Fund Contribution.	SIGNATURE_	Signature, typed	or printed name of registered age	ent and title if applicable. (Ne	OTE: Registere	ed Agent signate	ure required	when constaling)		DATE		
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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 direct	NAME STREET ADDRESS CITY-ST-ZIP		,		NAM STRE CITY	ie Eet address '-st-zip					·	Addition

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: Terrance	Roberto	Terrance	Roberts	4 15 04	(904) 509-6711
SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGNING			Date	Daytime Phone #