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

## FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 91041 029 \*\*\*150.00

Country  6. Name and Address of Current Registere it Agent  Name  HALL, CHARLES E  77 ALMERIA ST.  Street Address (P.  City  8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.  SIGNATURE  Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent signature required with the purpose of changing its registered Agent s		
ST. AUGUSTINE, FL. 32095  2. Principal Place of Business  3. Mailing Address  Suite. Apt. #, etc.  City & State  Zip		
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Suite, Apt. #, etc.  City & State  Zip		
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HALL, CHARLES E T7 ALMERIA ST. ST. AUGUSTINE, FL 32084  Street Address (PA  City  Street Address	5. Certificate of Status Desired S8.75 Addition Fee Required	nal
Street Address (P.4)	7. Name and Address of New Registered Agent	
Street Address (P.S. ST. AUGUSTINE, FL 32084    City	La Company of the Com	
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SIGNATURE    Signature: typod or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required with the printed may 1, 2004 Fee will be \$550.00   P. Election Campaign Financing Trust Fund Contribution.   S5.0 Added	FL Zip Code	<del></del>
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Sect indicated on this report or supplemental report is true and accurate and that my signature shall have the sa of the corporation or the receiver or trustee empowered to execute this report as figurized by Chapter 607, I changed, or on an attachment with an address, with all other like empowered.	ion 119.07(3)(i), Florida Statutes. I further certify that the informe legal effect as if made under oath; that I am an officer or Florida Statutes; and that my name appears in Block 10 or Bl	mation director ock 11 if
SIGNATURE: Leary Shumput		