2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

New Process	1. Entity Name ALFRED I. ROBINSON, JR., D			04-19-2	2004 90327 018 ***150.00
MATCHEL MOWELL PER IS \$450.00 ARREN MAY 12 OF CORPORA AND DIRECTORS IN 1112 COORDETTE RO, STE 101. WPLES, FL 34102 APPLES, FL 34102 APPLES, FL 34102 APPLES, FL 34102 City & State APPLES, FL 34102 City & State APPLES, FL 34102 The above named entity submits this statement for the purpose of changing is registered disco or regulatered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered will be \$350.00 ARRENT May 2, 2004 Pee will be \$350.0	Call of the call o				
Suns, Apt. etc. Sutis Apt. etc. Sutis Apt. etc. O3032004 ChgP CR2E034 (10/03) City & State Chy & State A. F. Hamber Chy & State A. F. Hamber Chy & State A. F. Hamber Charge For Received Zip Country Zip Country Zip Country Explication of State Desired St. 75 Actional 8. Name and Address of Current Registered Agent Name Charge and Address of New Registered Agent Name Charge and Address of New Registered Agent Name Charge and Address of New Registered Agent Name Chy & State Chy & C	rincipal Place of Business	•	D, STE 101.	SANGE CONTRACTOR OF COMPANY	Minde Chan
Sulfin, Apil P, etc.		Section of the sectio			
City & State Country Cou	. Principal Place of Business	3. Mailing Address			
Country Zip Country S. Certificate of Status Decired St.75 Academan Fee Required Fee Required St.75 Academan	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03032004 Chg-P	CR2E034 (10/03)
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCAROLE, MICHAEL W ESO 7/11 STH AVE A, STE 209 NAPLES, FL 34102 City City FL Zip Code 3. The above ramed entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fortia agent, and accept the obligations of registered agent, or both, in the State of Fortia agent, and accept t	City & State	City & State		4. FEI Number 92 0 / 89 2 2	
MCAROLE, MICHAEL W ESQ 711 STR AVE A, STE 209 NAPLES, FL 34102 8. The above named entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. 8. The above named entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. 9. City FLE NOWITL FEEL IS \$150.00 ARter May 1, 2004 Fee will be \$550.00 ARter May 2, 2004 Fee will be \$550.00 ARter May 1, 2004	Zlp Country	Zip	Country	5. Certificate of Status Desired	
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of	Current Registered Agent		7. Name and Address of New	Registered Agent
City FL Zip Code 9. 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 Signans, speed or preservement of implement agent and less if excitable. POTE: Required Agent agentum request when immensiony ARTE May 1, 2004 Fee will be \$650,00 ARTE May 1, 2004 Fee will be \$650,00 P. COFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTEL MAKE SITERI ADDRESS CITY-ST-2P THE MAKE SITERI ADDRESS		ر به استان است استان استان اس		(P.O. Box Number is Not Acceptate	ble)
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 Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	NAPLES, FL 34102			· · · · · · · · · · · · · · · · · · ·	
SIGNATURE Signature, speed or private remove implement agree and table a speakable. PATE Registered Agent adjointure required shall remove the speakable. PATE Registered Agent adjointure required shall remove the speakable. PATE Registered Agent adjointure required shall remove the speakable. PATE Registered Agent adjointure required shall remove the state of private Fund Colimbiation. STREE NOWNIL FEE IS \$150.00 ARROW May 1, 2004 Fee will be \$650.00 Thus Fund Colimbiation. Determine THE STREE AGREES CITY-ST-2P THE STREE AGREES CITY-ST-2P THE STREE AGREES CITY-ST-2P THE STREE AGREES CITY-ST-2P THE MAKE STREE AGRE			City		FL Zip Code
SIGNATURE Signature, uponed or present name of impressed agent and tase if applicables. PATE: Registered Agent algorithms required when reministring) ARE FILE NOWIII . FEE 13. \$150.00 ARE FIMEY 1, 2004 Fee will be \$550.00 Triss Fund Colinitosism. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Build Defets ITTLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OF		atement for the ourpose of changing	its registered office or regist	tered agent, or both, in the State of	Florida. I am familiar with, and accept
ARRENTATIONESS TITLE THE CHARGE T	SIGNATURESignature, typed or printed neme of regi				OATE
ITTLE	After May'1, 2004 Fee will be	9. Election Cam \$5550.00 Trust Fund Cam	palgn Financing \$	dded to Fees	<u> </u>
MAME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P					
INTERPORTED CONTYST-2P CITY-ST-2P CITY-S	NAME 17 851 4, 6764 3	25 mile 12 mile	NAME /	IFred I Rusinson	Jr. Ons
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP TITLE Delete TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP TITLE Delete TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP TITLE Delete TITLE DELETE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE DELETE	TITLE SOLPH SOLD SIREET ADDRESS	Delete	TITLE MAME STREET ADDRESS	1000 100 100 3	
TITLE Delets TITLE ADDRESS CITY-ST-ZIP TITLE Delets TITLE Delets TITLE Change Addition TITLE Delets TITLE Delets TITLE Change Addition TITLE Delets TITLE Delets TITLE Delets TITLE Change Addition TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE DElets TITLE DELets TITLE TITLE DELets TITLE TITLE DELets TITLE TITL	TITLE NAME	☐ Delete	TITLE NAME		Change Addition
CITY-ST-ZIP CITY-	TITLE	☐ Delets	TITLE NAME		☐ Change ☐ Addition
CITY-ST-ZIP CITY-	CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 cells, that I am an officer or director of the corporation or the receiver or further 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.	1				
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.	NAME STREET ADDRESS	☐ Delete	STREET ADDRESS		Change 🗖 Addition (
SIGNATURE: 4/10/61 239-734- FILL	of the corporation or the receiver or tru	istee empowered to execute this rep	ort as required by Chapter t	607, Florida Statules; and that my na	is. I further certify that the information er ceth; that I am an officer or director ame appears in Block 10 or Block 11 if
DesignaTurie AND TYPED OR PRINTED NAME OF BIORDIQ OFFICER OR DIRECTOR Date DesignaTurie AND TYPED OR PRINTED NAME OF BIORDIQ OFFICER OR DIRECTOR	SIGNATURE:	LA	-	4/14/07	