2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 24, 2004 8:00 am Secretary of State

Principal Place of Business 8201 BAY TREE LANE BACKSONVILLE, FL 32256 8201 BAY TREE LANE BACKSONVILLE, FL 32256 66423 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Exp Exp Exp Exp Exp Exp Exp Ex	CR2E034 (10/03) G27 Applied For Not Applicable \$8.75 Additional Fee Required gistered Agent Zip Code
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country E. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACLEAN, MARK B 1645 SAN MARCO BLVD. SUITE 1 JACKSONVILLE, FL 32207 City 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 Florithe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and 656 if applicable. PILE NOT/TILE FE IS \$150.00 After May 1 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Delete ITTLE MAKE ANEX LUIS	CR2E034 (10/03) G27 Applied For Not Applicable S8.75 Additional Fee Required gistered Agent Zip Code ida. I am familiar with, and accept
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Country Country Country E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACLEAN, MARK B 1645 SAN MARCO BLVD. SUITE 1 JACKSONVILLE, FL 32207 City 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 Florithe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and 89 if applicable. PILE NOT/11 FEE 18 \$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 OFFICE MAKE MAKE ANEX LUIS	CR2E034 (10/03) G27 Applied For Not Applicable S8.75 Additional Fee Required gistered Agent Zip Code ida. I am familiar with, and accept
Suite, Apt. #, etc. Suite, Apt. #, etc. O4012004 Chg-P City & State City & State City & State Country Zip Country E. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACLEAN, MARK B 1645 SAN MARCO BLVD. SUITE 1 JACKSONVILLE, FL 32207 City City City City City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) File above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florithe obligations of registered agent. SIGNATURE Signature, typed or pured name of registered agent and Stell applicable. BYOTE Registered Agent signature regulate when reinstating) 9. Election Campaign Financing Trust Fund Contribution. After May 1-2004 Fee will be \$550.00 Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICE NAME ANEX LUIS	CR2E034 (10/03) G27 Applied For Not Applicable \$8.75 Additional Fee Required gistered Agent Zip Code rida. I am familiar with, and accept
City & State A. FEI Number 2008 444 (City & State) E. Country Country E. Country E. Country E. Country E. Country E. Country E. Certificate of Status Desired Name Name Name Name Name Street Address of New Recountries Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City City City City City City Signalure, speed or printed name of registered agent and title if applicable. FILE NOTITIE FEE IS \$150.00 After May 1 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICEN ITLE NAME NAME ANEX LUIS	Applied For Not Applicable \$8.75 Additional Fee Required signatured Agent Zip Code
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACLEAN, MARK B 1645 SAN MARCO BLVD. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City 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 Florit the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and Ete if applicable. RNOTE: Registered Agent signature required when reinstating) FILE NOTITIE FER IS \$150.00 After May 1 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICE TITLE NAME ANEX, LUIS	\$8.75 Additional Fee Required gistered Agent FL Zip Code ida. I am familiar with, and accept
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACLEAN, MARK B 1645 SAN MARCO BLVD. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City 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 Florit the obligations of registered agent. SIGNATURE Signature, speed or printed name of registered agent and Elle if applicable. RNOTE: Registered Agent signature required when reinstating) FILE NOTE: Its State of Florit Campaign Financing Trust Fund Contribution. P. Election Campaign Financing Address To OFFICE TITLE NAME ANEX LUIS TITLE ADDITIONS/CHANGES TO OFFICE TITLE NAME ANEX LUIS	\$8.75 Additional Fee Required gistered Agent FL Zip Code ida. I am familiar with, and accept
MACLEAN, MARK B 1645 SAN MARCO BLVD. SUITE 1 JACKSONVILLE, Fil. 32207 City 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 Florid the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and Ele if applicable. PILE NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICE MAKE NAME ANEX; LUIS	FL Zip Code
MACLEAN, MARK B 1645 SAN MARCO BLVD. SUITE 1 JACKSONVILLE, Fil. 32207 City 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. FILE NOTE: Registered Agent aigneture required when reinstating) 9. Election Campaign Financing After: May 1 2004 Fee will be \$550.00 Tittle P. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICE TITLE NAME ANEX, LUIS	FL Zip Code
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City 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 Florit the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and Elle if applicable. PILE NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICE MAME NAME ANEX, LUIS	FL Zip Code
JACKSONVILLE, Fil. 32207 City 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 Florid the obligations of registered agent. SIGNATURE Signature	ida. I am familiar with, and accept
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 Florid the obligations of registered agent. SIGNATURE Signature Signatu	ida. I am familiar with, and accept
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. BNOTE: Registered Agent signature required when reinstating) FILE NOTE: Registered Agent signature required when reinstating)	
After May 1 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICE TITLE NAME ANEZI LUIS Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICE TITLE NAME	
TITLE P. Delete TITLE MAME ANEZI LUIS KAME	
NAME ANEZI LÚIS KAME	
	☐ Change ☐ Addition
CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP	☐ Change ☐ Addition
NAME ANEZ, MARTA NAME	Columbs (1 yourse)
STREET ADDRESS 8201 BAY TREE LANE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP	
TITLE : Delete TITLE NAME NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE	Change Addition
MAME STREET ADDRESS CITY-S1-ZIP MAME STREET ADDRESS CITY-S1-ZIP	