2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2004 8:00 am Secretary of State 02-12-2004 90016 014 ***150.00

DOCU 1. Entity Nam CAN-LON						02-12-2004	90016 014 ***1.	50.00
Principal Plac C/O LARRY G 1515 RINGLI SARASOTA, F	EIMER NG BLVD STE 890	Mailing Address C/O LARRY GEIMER 1515 RINGLING BLVD STE 890 SARASOTA, FL 34236						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142004	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numb			pplied For ot Applicable
Zip	Country Zip		Country		5. Certificati	e of Status Desired	See Require	
6. Name and Address of Current Registered Agent				Name	7. Name an	d Address of New F	legistered Agent	
GEIMER	_ARRY	HENDRICKSON, ROBERT W III						
1515 RING STE 890	NG BLVD	Street Ac			s (P.O. Box Number is Not Acceptable) 16 MANATEE AVENUE WEST			
	A, PL 34236							
					DENTON	<u> </u>	1	\$4205
8. The above named entity submits this statement for the purpose of changing its renistered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent								, and accept
SIGNATURE Signature, typed or printed name or produce or grown and the constant of the constan								
Signature, typed or printed name of managerous agont the managerous agont to the managerous agont signature required when reinstaiting) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 3. Election Campaign Financing Trust Fund Contribution. 4. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	PD BODEDT	☐ Delete	TITL	l l			☐ Change	Addition Addition
NAME STREET ADDRESS	SISKIND, ROBERT ESS STE 303, 252 PALL MALL ST SI			EET ADDRESS				
CITY-ST-ZIP				/-ST-ZIP				
TITLE	ST	☐ Delete	TITL	E			☐ Change	Addition
NAME STREET ADDRESS	SISKIND, SHELLY STE 303, 252 PALL MALL ST		NAM	ie Eet aodress	,			
CITY-ST-ZIP	1 .			r-ST-ZIP				
TITLE	VD	☐ Delete	TITL	E	<u> </u>		☐ Change	Addition
NAME STREET ADDRESS	SAMAHA, STEVEN M	· · ·	NAN	EET AODRESS		ني د		· -
CITY-ST-ZIP	TAMPA, FL 33602		1	r-ST-ZIP				
TiTLE		☐ Delete	TITL	£			Change	Addition
NAME ATREET ADDOCAD			NAM					
STREET ADDRESS CITY-ST-ZIP	1			eet address /-st-zip				
TITLE		☐ Delete	Tπ	E			☐ Change	Addition
NAME			NAN					
STREET ADDRESS				EET ADDRESS Y-ST-ZIP				
TITLE		☐ Delete	TITL				☐ Change	☐ Addition
NAME	24 Table 4		NAA	3		~		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP				
12. I hereby	L	this filing does not qualify f	or the exe	emption stated in S	ection 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 effect in 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 the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered.								
changed	, or on an attachment with an address,	with all other like empowered	IJ. Fr	()			0.6	
SIGNATURE: 1/20/04								