2004 FOR PROFIT CORPORATION

FILED May 03, 2004 08:00 AN e

ANNUAL REPORT					Secretary of Stat			
1. Entity Nar	MENT # P13000 ne NDING, INC.	ar i ko i		The second secon			y or state	
Principal Plac C/O CORP. 1 8333 BRYAI LARGO, FL	N DAIRY RD.	Mailing Address PO BOX 10001 TAX SERVICES DALLAS, TX 75301-1205 US						
C	OO NOT WRITE		CE	04202004 4. FEI Numb 13-338		CR2E034		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE					
8. The above the obligat	e named entity submits this statement for the tions of registered agent.	e purpose of changing its registere	ed office or register	ed agent, or bo	oth, in the State of Fl	orida. I am lam		
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Registore	1 Agent signsture required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution. 10. OFFICERS AND DIRECTORS				00 May Be ed to Fees				
TITLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	VP LOPS, MICHAEL T 8333 BRYAN DAIRY RD. LARGO, FL 337771230 ATAS MILAM, DENNIS 8333 BRYAN DAIRY RD. LARGO, FL 337771230 VPSD LEWIS, ROBERT E 8333 BRYAN DAIRY RD, LARGO, FL 337771230 SVPD MILLER, D.P 8333 BRYAN DAIRY RD. LARGO, FL 33777		-		00000 05/03/04 NOT W	'RITE	D25 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VAWRINEK, J.J 6501 LEGACY DRIVE PLANO, TX 750243698 SVP NASH, T M 8333 BRYAN DAIRY RD LARGO, FL 337771230							

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 director or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if char 13d or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR