2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2004 08:00 AM Secretary of State

	MITITOME	KEFOILI			~~~~	J 01 200	
1. Entity Nam	MENT # P20123 SER CO., INC.						
Principal Place 4931 FALCR SARASOTA, F	EST CIRCLE	Mailing Address 4931 FALCREST CIRCLE SARASOTA, FL 34233	-	T THE FRENCH I	1 1587 8 6501 1586 1188 6	I BANKA OLOH ANYA USAN ASAN ASAN	NIME TE INTRE
D	O NOT WRITE		CE	01062004 4. FEI Numb 22-186	No Chg-P		plied For Applicable
6. Name and Address of Current Registered Agent HAGER, EDWARD W 4931 FALLCREST CIRCLE SARASOTA, FL 34233			DO NOT WRITE IN THIS SPACE				
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, hyped or printed name of registered agent and the Y applicable. (NOTE Registered Agent signature regular when reliestating) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HAGER, EDWARD W. 4931 FALLCREST CIRCLE SARASOTA, FL	RECTORS			U0000 U1/08/04	0000389 1-80007 -0 19 1	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HAGER, CAROLYN E. 4931 FALLCREST CIRCLE SARASOTA, FL						
NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP TITLE				117	o or		
NAME Street Adoress City-St-Zip							
title Name Street address City-St-Zip							

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 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 attack ment with an address, with all other like empowered.

SIGNATURE MANA W Joyn EDWARN W SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIFFECTOR EDWARD W HACER

01-06-64 941-921-1865

Date

Daytime Phone #