## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2004 08:00 AM Secretary of State

Mailing Address 250 S. OCEAN BLVD #4-F BOCA RATON, FL 33432	US
	250 S. OCEAN BLVD #4-F

DO NOT WRITE IN THIS SPACE



03112004

No Chg-F

CR2E034 (10/03)

4. FEI Number 39-0844513 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOVKACH, WALTER M. 5011 NW 8TH AVE GAINESVILLE, FL 32605

## DO NOT WRITE IN THIS SPACE

		IN THIS SPACE	
The above named entity submits this statement for the pithe obligations of registered agent	jurpose of changing its registered of	office of registered agent, or b	ooth, in the State of Florida, I am familiar with, and accept
SIGNATURE Signature, typed or printed name at registered agent and title	7 applicable (NOTE Registered Ag	ent signature required when reinstaling)	DATE LIGOTOPOPOPOPO
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.	\$5.00 May Be Added to Fees	00000000000000000000000000000000000000
10. OFFICERS AND DIRECT	CTORS		,
NAME PSTD BJORKSTEN, DARGAR W. STREET ADDRESS 250 S. OCEAN BLVD., #4-F CRY-ST-ZIP BOCA RATON, FL 33432			
INTLE V NAME WILLIS, HOMER F IV STREET ADDRESS 201 SE 2ND AVE # 401 CITY-ST-ZP GAINESVILLE, FL 32601			
TITLE NAME STREET ADDRESS CNY - ST - ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-2IP			
TRILE NAME STREET ADDRESS CITY - ST - ZEP			
12. I hereby certify that the information supplied with this fi	iling does not qualify for the exemp	tion stated in Section 119.070 shall have the same legal off	3)(I). Florida Statules, I further certify that the information ect as it made under path, that I am an officer or director

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRATED NAME OF SIGNS

DARGAR BJORKSTE

3/14/04

561 347 7995

Daytime Phone #