2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Sep 13, 2004 08:00 AM
Secretary of State

661-659-9022

ANNUAL KĘPOKT				Secretary of State			
1. Entity Ner	MENT # P930000196	376			Sec	cretar	y of State
Principal Plac	ce of Business	Mailing Address		]			
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	* Name and Address of Compat D	Desire and a selection of the first of		5. Certinoaco	OI Siding Desired		Required
	6. Name and Address of Current Re	gistered Agent		NA DALL GREEN IN L	* * * * * * * * * * * * * * * * * * *		. 4
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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 Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
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	LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	Election Campaign Final     Trust Fund Contribution.		.00 May Be led to Fees	U00000 U00000	172202 22204_24	ግ" """ ስስ
10.	OFFICERS AND DI	RECTORS	ر سر سرم ۱۰۰۰ س		U.W. 1.37 U.T.	duub+ uc	טטגעטט כֿן
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NAME	SCHLANGER, RICHARD				· · · · · · · · · · · · · · · · · · ·	•	
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12. I hereby o	certify that the information supplied with th	is filing does not qualify for the exe	motion stated in Ser	ction 119.07(3)(i	i). Florida Statutes. I fi	urther certify th	nat the information
indicated of the cor changed,	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my signate ared to execute this report as required to the like empowered.	ture shall have the s red by Chapter 607	ame legal effect , Florida Statutes	t as if made under oa s; and that my name r	th; that I am ar appears in Blo	1 officer or director ck 10 or Block 11 if
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