## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2004 08:00 AM Secretary of State

ANNUAL REPURI							CC . OU A
DOCUMENT # 1. Entity Name MICHAEL DAVID W.			Sec	retary (	of State		
Principal Place of Business 3 PIPER STREET BEAVER FALLS, PA 15010	· F	lailing Address P.O. BOX 1581 BEAVER FALLS, PA 15010	US				<b>a</b> ( )( <b>5) a 5</b> ))( <b>54)</b> (5) ( <b>54</b> )
DO NO	CE	03112004 4. FEI Numb 25-171	No Chg-P er	CR2E034 (			
6. Name ar	d Address of Current Regis	stered Agent					
FIGLER, RONALD G 155 S. OCEAN DR. UNIT 132 BOCA RATON, FL 33432					NOT W		
			<u> </u>				
<ol><li>The above named entity s the obligations of registere</li></ol>		purpose of changing its register	ed office or regist	ered agent, or bo	th, in the State of Flo	orida. I am famili	ar with, and accept
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SIGNATURE	erinted name of registered agent and title	if applicable (NOTE Registere	d Agent signalure requir	ed when reinstating)		A	ा । वा अव्यक्ति
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.				5.00 May Be ded to Fees			
10.	OFFICERS AND DIRE	CTORS		· · · · · · · · · · · · · · · · · · ·	L		
SIRELI ADDRESS 3 PIPER ST CITY-SI-ZIP BEAVER FA					U00000 03/15/04-	)089485 -80094-00	2 150 M
NAME FIGLER, RC STREET ADDRESS 155 S. OCE CITY-ST-ZIP BOCA RATO	AN DR., UNIT 132				JUI 107 0 1	00001 00	L 140100
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
ITLE NAME STREET ADDRESS CITY ST ZIP	25, 22			IN '	THIS SI	PACE	
THLE NAME							

12. Thereby certify that the information supplied with this filling 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 trustae 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

CITY ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY ST-ZIP

RONALO G. FIGLER

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724-846-8252

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