

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 30 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0456761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6.-Name and Address of Current Registered Agent**

COURTNEY, THOMAS G  
4645 GUN CLUB RD A-2  
WEST PALM BEACH, FL 33415

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PDT  
COURTNEY, THOMAS G  
4645 GUN CLUB RD A-2  
WEST PALM BEACH, FL 33415

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VPS  
COURTNEY, SALLY  
4645 GUN CLUB RD. #A-2  
WEST PALM BEACH, FL 33415

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

900031550599  
03/31/04--01019--021 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3-22-04 561-686-7307  
561-685-4307