2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2004 8:00 am Secretary of State

Principal Place of Business 1 Addition Address 1 ADDITIONS (PLANE) 1 ADDITIONS (PLANE) 2 Principal Place of Business 2 Sulle, Apr. #, etc. 2 Sulle, Apr. #, etc. 3 Sulle, Apr. #, etc. 3 Sulle, Apr. #, etc. 4 FEI Number 2 P CR2E34 (10/03) 4 FEI Number 3 S-3220418 5 Country 5 S-3220418 6 Name and Address of Current Registered Agent 7 Name and Address of Susua Despited 9 Set 75 Address 1 August Address of Susua Despited 9 Set 75 Address 1 August Address of Susua Despited 9 Set 75 Address 1 August Above Registered Agent 1 August Address of Susua Despited 9 Set 75 Address 1 August Above Registered Agent 1 August Address of Susua Despited 1 Address (P.O. Box Number is Not Acceptable) 1 August Address of Susua Despited 1 Address of Susua Despited 1 August Address of	1. Entity Name CAPRI & ASSOCIATES, P.A.							03-12-2004	1 90024 ()50 ***15	50.00
1.4003.4 NORTH DALE MABRY HWY	Principal Place	e of Business		Mailing Address						_	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City	14003-A NORTH DALE MABRY HWY.			PO BOX 271809							
City & State	2. Principal Place of Business			3. Mailing Address							
Sp. 3/220418 Sp. 3/250418 Sp.	Suite, Apt. #, etc.			Suite, Apt. #, etc.		02052004	Chg-P	CR2E0	34 (10/03)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL City FL City FL City City FL City FL City City FL City City FL City City FL City City	City & State			City & State							
Name and Address of Current Registered Agent Name Na	Zip Country		Zip Country		\ 	5. Certificate	of Status Desired				
CAPRI, PATRICK N. 14003-A NORTH DALE MABRY HWY TAMPA, FL 33618	6. Name and Address of Current Registered Agent						7. Name and	Address of New R)
ANDRAY RAY A 3618 Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33618 Street Address (P.O. Box Number is Not Acceptable) Toly The Color of th	CARRI DA										
R. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature	14003-A NORTH DALE MABRY HWY					Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE	·										
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