2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Principal Place of Business A307 BAY CLUB CIRCLE SECRETANTIA STATE ALLAHASSEE, FLORIDA	I
TAMPA, FL 33607 US TAMPA, FL 33607 US	
2. Principal Place of Business 250 Montgomery St 250 Montgomery St	
Suite, Apt. #, etc. Suite, Apt. #, etc. 12102004 Cha. P. CD2E024 (10/02)	ب بيست
City & State	ed For
Zip Country Zip Country — \$9.75 Addition	pplicable
94104 US 94104 US 5. Certilicate of Status Desired LE Fee Required	
Name	
MCPARTLAND, FRANK J. 4307 BAY CLUB CIR Street Address (P.O. Box Number is Not Acceptable). TAMPA, FL 33607	
City FL Zip Code	
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, an	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	-
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE D	Addition
STREET ADDRESS 2418 WOODLAWN CIRCLE EAST CITY-ST-ZIP SAINT PETERSBURG, FL 33701 STREET ADDRESS 31 FAIRFIELD WAY SAN FLANCICO CA 94127	
TITLE DEVP Delete TITLE S/T Change [Addition
NAME HAZELIP, T RADFORD SEC, TR STREET ADDRESS 12607 CLENDENNING DRIVE NAME GOGATAY, GARY W. STREET ADDRESS 2155 PENDLETAN 712	
CITY-ST-ZIP TAMPA, FL 33625 CITY-ST-ZIP MONRUEVILLE PA 15146	
TITLE CD Delete TITLE Change {	Addition
STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607	
	Addition
NAME NAME - STREET ADDRESS - STREET ADDRESS -	
CITY-ST-ZIP CITY-ST-ZIP	
_ · ·	Addition
NAME	0
TITLE Delete TITLE Change (Addition
NAME NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
12. Thereby 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 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 anged, or on an attachment with an address, with all other like empowered.	mation director ock 11 if