## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED

DOCUMENT # P94000041914  1. Entity Name				Feb 19, 2004 08:00 AM Secretary of State		
HISTORIC	HARDER HALL, IN	IC.				
Principal Place of Business Mailing Address						
1645 Palm Beach Lakes Blvd. #1200 1645 Palm Beach Lakes B West Palm Beach, FL 33401 West Palm Beach, FL 33401						
DO NOT WRITE IN THIS SPACE				FEI Number  65  Certificate of SI	5-0496041	Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				<u></u>		
ARMOUR, ALAN I. II 1645 Paim Beach Lakes Bivd. #1200 West Palm Beach, FL 33401			DO NOT WRITE IN THIS SPACE			
8. The above hand 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  Alan I. Armour II, Registered Agent  Signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  Selection Campaign Financing Trust fund Contribution				\$5.00 May Be Added to Fees		
10.	OFFICERS A	ND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST Limor, Line 2386 Bay Village Col Palm Beach Gardens	U00000057480 02/19/04-80063-016 150.00				
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NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					A	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  SIGNATURE ND TYPED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date						