## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2004 8:00 am Secretary of State

Principal Place of Business 1400 4TH AVE, WEST BRADENTON, FL 34205  2. Principal Place of Business 3. Mailing Address 2127 R 1402 4TH AVE, WEST BRADENTON, FL 34205  2. Principal Place of Business 3. Mailing Address 2127 R 1402 4TH AVE, WEST BRADENTON, FL 34205  2. Principal Place of Business 3. Mailing Address 2127 R 1402 4TH AVE, WEST BRADENTON, FL 34205  2. Principal Place of Business 3. Mailing Address 2127 R 1402 4TH AVE, WEST BRADENTON, FL 34205  2. Principal Place of Business 3. Mailing Address 4. Principal Place of Business 5. Cardificate of Status Desired Applied Applied of Status Desired Applied Place of Status Desired Status	For licable
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Zip Country Zip Country Sip 342.3.7 S. Certificate of Status Desired Agent Status Desired Agent Status Desired Agent Status Desired Agent Status Desired Agent Status Desired when repetating)  FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Pricers AND DIRECTORS In 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. In the Status Desired Status	licable
Signature   Sign	
6. Name and Address of Current Registered Agent  VENABLE, JOSEPH P 1400 4TH AVE W. BRADENTON, FL 34205  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. 1 am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when renestating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  DP Delete  TITLE  Delete  TITLE  TITLE  DELETION Address of New Registered Agent Name  7. Name and Address of New Registered Agent Name  7. Name and Address of New Registered Agent Name  7. Name and Address of New Registered Agent Name  7. Name and Address of New Registered Agent Name  7. Name and Address of New Registered Agent Name  7. Name and Address of New Registered Agent Name  7. Name  7. Name and Address of New Registered Agent Name  1. Name  Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  1. Address (P.O. Box Number is Not Acceptable)  DATE  TITLE  OFFICERS AND DIRECTORS IN 1  TITLE  Delete	
VENABLE, JOSEPH P 1400 4TH AVE W. BRADENTON, FL 34205  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, and a the obligations of registered agent.  SIGNATURE  Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renetating)  DATE  FILE NOWI!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  P. Election Campaign Financing Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE DP Delete 111LE	
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WASTA FL 34230	
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TITLE TITLE THE Change AME  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify the section 1 19.07(3)(i) for the exemption stated in Section 1 19.07(3)(i) for	Addition

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, if 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 eath; 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

4/25/04 9419540358