2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State 03-22-2004 90051 035 ***150.00

Principal Place of Business 2002 ALFIR OAKS VALRIOO, FL 33594 2. Principal Place of Business Suife, Apt. #, etc. 2. Principal Place of Business Suife, Apt. #, etc. 3. Mailing Address 2002 ALFIR OAKS VALRIOO, FL 33594 2. Principal Place of Business Suife, Apt. #, etc. 3. Mailing Address 2002 ALFIR OAKS VALRIOO, FL 33594 3. Mailing Address 2002 ALFIR OAKS VALRIOO, FL 33594 3. Mailing Address 2002 ALFIR OAKS VALRIOO, FL 33594 3. Mailing Address 2002 ALFIR OAKS VALRIOO, FL 33594 3. Mailing Address 4. FEI Number 5. Sp. 3295015 Activities 5. Sp. 3295015 S. Certificate of Status Desired \$8.75 Additional FeRequised \$8.75 Additional FeRequised \$8.75 Additional FeRequised \$8. Saxon, Bernice S., Escape Saxon, Ber
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SAXON, BERNICE S SAXON, BERNICE S SAXON, BERNICE S SAXON, BERNICE S SouthTrust, Plaza The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent are size f escitacies. File NOWIN Fee Is \$450.00
SAXON, BERNICE S 101 E. KENNEDY BLVD. SUITE 3200 - ONE BARNETT PLAZA TAMPA, FL 33602 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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SQUALARE, typed or private rame of registered agent and title if applicable. (NOTE: Registered Agent signature registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DPT NAME CHENOWETH, RAYMOND J CHENOWETH, RAYMOND J Delete TITLE DVS ITILE DVS ITILE DVS ITILE NAME SIREET ADDRESS CITY-ST-2P TITLE SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE SIREET ADDRESS CITY-ST-2P TITLE SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE SIREET
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Signet Address (P.O. Box Number is Not Acceptable) SUITE 3200 - ONE BARNETT PLAZA TAMPA, FL 33602 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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privated name of registered agent and tits if applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DPT Delete TILE DPT Delete TILE DVS SIREET ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P SIREET ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P SIREET ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P SI
SOUTH TUSE. Plaza City Tampa FL Zip Code 33.60.2
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 familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or private name of registered agent and state if applicable. (NOTE: Registered Agent stonaute required when reinstating) PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT NAME CHENOWETH, RAYMOND J STREET ADDRESS CITY-ST-ZIP TITLE DVS CITY-ST-ZIP TITLE DVS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 that 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 all address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR