## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 16, 2004 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # P9400081017  1. Entity Name ASSOCIATED EARTH MOVERS, INC.				Secretary of State			
Principal Plac 7454 W MISS HOUSE HOMOSSASA	S MAGGIE DR	Mailing Address 7454 W MISS MAGGIE DR HOUSE HOMOSSASA, FL 34448					
D	O NOT WRITE	CE	04132004 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 65-0539262 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required				
HOUSE		DO NOT WRITE IN THIS SPACE					
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 Fiorida. I am familiar with, and acceptate obligations of registered agent.  SIGNATURE  Signature, typod or protect name of registered agent and title if applicable.  (NOTE, Registered Agent signature required when reinstaling)  DATE							with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ncing \$5.	.00 May Be U00000116049 04/16/04-80048-021 150,00			
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF P DEAN, LESLIE F 7454 W MISS MAGGIE DR HOMOSSASA, FL 34448				NOT WI		
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 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.							