2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUN 1. Entity Name ALAN JAY			FILED 04 MAY 10 PM 2:52					
	: }							
Principal Place 5330 US HWY SEBRING, FL	. 27 SO .	Mailing Address P.O. BOX 9200 SEBRING, FL 33871-9				SECRETA TALLAHA	ARY OF STATE SSEE, FLORID	Ā
2. Principal Pla	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04222004	Chg-P	CR2E034 (10/03)
City & State		City & State			4. FEI Numbe	ımber Applied I		Applied For
Zip Country		Zip	Country		65-0558	3530 of Status Desired		Not Applicable
	6. Name and Address of Cur	rrent Registered Agent		- 54 - 32-54		Address of New F	Fee Requir	red
MCCLURE, 425 S COM SEBRING,	, JOHN K. IMERCE AVE		Nar Stre	me Rayn eet Address (Sun T	nond J. P.O. Box Number Trust P	Rafool, er is Not Acceptable laza	Esquire	
	er v	11/	1 City			rida Ave	., Suite Zip Co 3388	
the obligation	named entity submits the statem one of registered entent.	ept of the purpose of changing its	registered offi	or registe		th, in the State of Fi	orida. I am familiar with	h, and accept
Ame	ended AR is \$61.25	9. Election Campa Trust Fund Con	tribution.		.00 May Be led to Fees			
TITLE	DPS 2	AND DIRECTORS Delete	11.	DP	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTO	
NAME STREET ADDRESS CITY-ST-ZIP	WILDSTEIN, ALAN J. 2935 NE LAKEVIEW DR SEBRING, FL 33870	_ pole	NAME STREET ADD CITY-ST-ZIF	RESS 200	3 US 2	ildstein 7 South FL. 3387		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADD CITY-ST-ZIE	Mic Mic 377	chael W	itham anted Oa	□ Changi kds Lane	and Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	. Delete	NAME STREET ADD	DRESS		PL 3387 DOO37 1 5/040100	o62873 062873 6007 **70	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	[☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Chang	e 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Chang	e Addition
12. I hereby of indicated	roorstion of the receiver of ittisie	ed with this filing does not qualify is aport is true and accurate and that e empowered to execute this repo dress, with all other like empowere	n as raculted c	on stated in S shall have the by Chapter 60	ection 119.07(3) same legal effe 07, Florida Statut	(i), Florida Statutes ct as if made unde es; and that my na	I further certify that the roath; that I am an office me appears in Block 10	e information per or director or Block 11 if
SIGNAT	TURE: SIGNATURE AND TY	PED ON PRINTED NAME OF SKINING OFFICE	ER OR DIRECTOR		4/29/0	Date 9	63 - 402 - 43 Daytime Phone	70