2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2004 8:00 am Secretary of State

| Principal Place of Business 2606 9TH STREET N NAPLES, FL 34103 US 2. Principal Place of Business 2606 9TH STREET N NAPLES, FL 34103 US 3. Mail or Address 2606 9TH STREET N NAPLES, FL 34103 US 3. Mail or Address 3 Suito, Apt. #, etc. |
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| Name OLSON, BRUCE D 2530 13 STREET N NAPLES, FL 34103 City FL Zip Code |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
| APPLES, FL 34103 City FL Zip Code 8. The above named entity, submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 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 both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the part of registered agent, or both, in the State of Florida. Bruce F. Olson ### Addition of Registered Agent speakers of registered agent, or both, in the State of Florida. I am familiar with, and accept the part of registered agent, or both, in the |
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indicated on this report or supplied with an similing 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 impowered 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:

M Bruce D. Olson

(239) 290-1125