2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9500Q050208 1. Entity Name HUSKER, INC.							Feb 24, 2004 08:00 AM Secretary of State				
Principal Plac	a of Busines		Mailing A	ddropp			1				
•		•	•	Mailing Address 117 E GATLIN AVE							
117 E GATLIN AVE ORLANDO FL 32806				ORLANDO FL 32806							
		<u></u> .				-		# ###!### 110 JUIU #034 ##34 ##011	nnii waini wili		(#11##) 11 1 2# !
2. Principal P	lace of Busin	ness	3. Mailing	3. Mailing Address							
Suite, Apt. #, etc.			Suste, A	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)			
Oity & Stat	e	M.	City & S	City & State			4. FEI Number 59-3319899 Applied For Not Applicable				
Zip	Zip Country		Zip	Zip Coun		sry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Curre	nt Registered A	Registered Agent			7. Name	and Address of New R	egistered		
						Name					
117	MAS, GA E GATLI	N AVE					Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32806											
						City	· - · · · · ·		FI	Zip Co	de
8. The above	named entit	v submits this statement	for the ouroose	of changing its	register	l ed office or registe	red agent, o	or both, in the State of Flo		-]	and accept
	tions of regist				- 6						,
SIGNATURE .											
	Signature, typed	or printed name of registered ag	ont and title if applicab	ie (NOT	E. Registere	d Agent signature require	d whon reinstatic	\o_\	STAG		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						·	ş	 Election Campaign Fin Trust Fund Contribution 			00 May Be ed to Fees
10.	······		D DIRECTORS	<u> </u>	11.		ADDITIO	DNS/CHANGES TO OFF	CERS AN	D DIRECTO	RS IN 11
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CITY-ST-ZIP			Sal. 43. 1. 250			-ST-ZIP					
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. 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.											
SIGNATURE: 407-353-6206											

FILED