2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000054403

1. Entity Name



FILED Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90264 046 ***150.00

Principal Place of Business 17817 S.E. 132ND COURT WEIRSDALE FL 32195 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country St. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name ROBARTS, DONNA 17817 S.E. 132ND COURT WEIRSDALE FL 32195 City FL Zip Code 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 Florida. Lam familiar with, and accept the obligations of registered agent. Signature FILE.NOW!!! FEE IS \$150.000 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11 ROBARTS, DONNA 17817 S.E. 132ND COURT WEIRSDALE FL 32195 110. OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11 ROBARTS, DONNA 17817 S.E. 132ND COURT WEIRSDALE FL 32195 110. MAKE 17817 S.E. 132ND COURT WEIRSDALE FL 32195 TITE PD Change Addition Add
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name ROBARTS, DONNA 17817 S.E. 132ND COURT WEIRSDALE FL 32195 City City City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Date FILE NOW!!! FEE IS \$150.00 After May, 1, 2004 Fee will be \$550.00 Bake Check Payable to Florida Department of State STREET ADDRESS Trust Fund Contribution. STREET ADDRESS WEIRSDALE FL 32195 TITLE PD Delete TITLE DC Change Addition Addition
City & State Country St. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required Fee Required 7. Name and Address of New Registered Agent Name ROBARTS, DONNA 17817 S.E. 132ND COURT WEIRSDALE FL 32195 City FL Zip Code 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 printed name of registered agent and field it applicable. (NOTE: Registered Agent signature inquired when reinscaling) After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 Title 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 2. ST DONNA ROBARTS, DONNA TITLE 1. ROBARTS, DONNA TITLE 1. ROBARTS, DONNA TITLE 2. ST DONNA TITLE 3. TROBARTS, DONNA TITLE 4. ROBARTS, DONNA TITLE 4. ROBARTS, DONNA TITLE 4. ROBARTS, DONNA TITLE 4. ROBARTS, DONNA STREET ADDRESS CITY-ST-2P WEIRSDALE FL 32195 TITLE PD Delete TITLE PD Delete TITLE Change Addition
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 1. ST
ROBARTS, DONNA 17817 S.E. 132ND COURT WEIRSDALE FL 32195 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 Florida. I am familiar with, and accept the obligations of registered agent and life it applicable. SIGNATURE Signature, typed or printed name of registered agent and life it applicable. (NOTE: Registered Agent signature required when remission) DATE
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NAME: SOLTYSIAK, ROBERT JR.
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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.

SIGNATURE: