2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED
DOCUMENT # P95000062607  1. Entity Name				Feb 04, 2004 08:00 AM Secretary of State
NIKAL, IN	NC.			Secretary of State
Principal Place of Business		Mailing Address		
7600 EAGLES FLIGHT LN FT MYERS FL 33912		7600 EAGLES FLIGHT LN FT MYERS FL 33912		
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2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 65-0604012 Applied For Not Applicable
Zıp	Country	Zip	Country	5. Certificate of Status Desired See Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
SMITH, ALAN B			Name	
7 <del>6</del> 0	0 EAGLES FLIGHT LN		Street Add	fress (P.O. Box Number is Not Acceptable)
Fil	MYERS FL 33912			
			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Supporture, typing or printed name of recistered agent and tills if applicable. (NOTE Recistered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	ST SMITH, NIKKI A	Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	7600 EAGLES FLIGHT LN		STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	☐ Delete	CITY - ST - ZIP	☐ Change ☐ Addition
NAME	SMITH, ALAN B.	□ Delete	NAME	U00000036655
STREET ADDRESS CITY ST-ZIP	7600 EAGLES FLIGHT LANE FORT MYERS FL		STREET ADDRESS CITY-ST-ZIP	02/06/04-80066-016 150.00
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY+ST-ZIP	
TITLE NAME		Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP	Change Addition
NAME		L. Delete	NAME	Ed Orlango Ed Federior
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filling 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 trusted expowered 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 tike empowered.

SIGNATURE:

| SIGNATURE | SIGNATURE | Date | D