2004 FOR PROFIT CORPORATION -- ANNUAL REPORT

FILED May 17, 2004 8:00 am Secretary of State

	- ANNUAL	. REPORT		·÷,		Secre	etárv	of S	State
1. Entity Nam	MENT:# P95000072 ATION MISSION, INC.	2036			- 1 - 1 - 240 38		004 9001 5		
Principal Place	e of Business	Mailing Address	<u> </u>				_		
2154 -9TH A ST PETERSBI	.VE SO. URG, FL 33712 US	2154 -9TH AVE SO. ST PETERSBURG, FL 33712 US			24076109				
2. Principal Place of Business 3. Mailing Address									
2. Principal P	ace of Business	3. Maning Address					 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282004	Chg-P	CR2E034	(10/03)	
', 'City & State	e ··	City & State			4. FEI Number	15			plied For
Zip Country		Zip	Country		59-332771 5. Certificate of Si			8.75 Add	
•.	6. Name and Address of Current	Fluciation & sant	*	١. `	7. Name and Add		Fe	e Required	1
	6. Name and Address of Current		7. Name and Add	iress of New H	egisterea Ag	епі			
GAMMAGE, JOAN				Street Address (P.O. Box Number is Not Acceptable)					
2154 9TH AVENUE SOUTH ST. PETERSBURG, FL 33712				Other Notices (1.0. Dox Notifice) is 140t Acceptable)					
,			City	City FL Zip Code				•	
	named entity submits this statement for	or the purpose of changing its	registered office	or register	ed agent, or both, in	the State of Flo	orida. I am far	niliar with,	and accept
the colligat	ions of registered agent.	•							
SIGNATURE	Signature, typed or printed name of registered agen	and tille il applicable. (NOT	E: Registered Agent sign:	iture requirec	f when reinstating)		DATE		
'iFIL	E NOW!!!" FEE IS \$150.00	9Election Campa		\$5.	.00 May Be			-	-
After Ma	ay 1, 2004 Fee will be \$550.	OO Trust Fund Con	tribution.	J Add	ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHA	ANGES TO OFF	ICERS AND E	IRECTORS	3 IN 11
TITLE	P CAMMACE IOAN	☐ Delete	TITLE NAME				[Change	☐ Addition
NAME STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG, FL			1					
TITLE	V CDUSTIN LAMES W	☐ Delete	TITLE	1/1	1. 1.1.	Keny	911	☐ Change	Addition
NAME STREET ADDRESS	GRIFFIN, JAMES W 206 LIVE OAK BLVD.		NAME STREET ADDRESS		1390	DALINE	1/5/4	21	<u>, </u>
CITY-ST-ZIP	SANFORD, FL		CITY-ST-ZIP		Kete	y la	· 3°	5/11/2	d
TITLE	SD	☐ Delete	THLE	48	Visit C	LAMA	n A CA	Change	□ Addition
NAME STREET ADDRESS	HARRIS, LILLIAN 774 15 AVE SOUTH	,	NAMÉ * STREET ADDRESS	39	88 Cro	MEOT	South	<u></u>	-
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	5	ti Vata	FIA.	3370	5	
TITLE		☐ Delete	TITLE				[Change	Addition
NAME CIRCL ADDRESS			NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						Ï
TITLE		☐ Delete	TITLE				(Change	Addition
NAME			NAME STREET ADDRESS			`			!
CITY-ST-ZIP	,	and the same of th	CITY-ST-ZIP	·	.				
TITLE		☐ Delete	TITLE				[Change	Addition .
NAME			NAME	1					

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DISECTOR

Date

Daylime Phone #