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FILED Apr 23, 2004 08:00 AM Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

	ARRUAL	KEFUNI			•		_
1. Enlity Nam	MENT # P960000135					_	
0001112	THE MOSIC WOLL, MIT						· - · · · ·
Principal Plac	e of Business	Mailing Address					
4213 BEE R SARASOTA, I		4213 BEE RIDGE RD SARASOTA, FL 34233 US					
				04192004	No Chg-P	CR2E034 (
Ľ	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb			Applied For
· ·				65-063			Not Applicable
				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current R	gistered Agent	- वस्तिकारी र	न, एक्स	्रास्त्रकात्राच्याः जुल्लाकार्यस्य		ere arragonos por la Lipinologia (n. 1911)
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4213 BEE RIDGE RD SARASOTA, FL 34233					A continuous properties and a first a	计包建筑 经信贷	rriedbyd:
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			to an in the state of	1: 1#1			
	named entity submits this statement for tools of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bo	in the State of Flori	da. Lam lamii	iar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	s litle if applicable (NOTE, Registers	d Agent signature required	when reinstating)		DATE	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				00 May Be ed to Fees			
10,	OFFICERS AND D	RECTORS	Landay was seed seed to	gwer it ji ili eki bir	U0000	0126779	A Company of the Comp
YITLE NAME	PD BRITT, WILLIAM A JR.				04/23/04	-80047-	023 150.00
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CITY-SI-ZIP	SARASOTA, FL 34233			\$ 677. T			
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CITY-ST-ZIP	27 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
12. Thereby i	certify that the information supplied with ti for this report or supplemental report is to	ils filling does not qualify for the exe	mption stated in Sec	tion 119.07(3)	i), Florida Statutes, 1 fr	urther certily th	at the information

intocated on this report or supplemental report is fulle 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 comporation or the receiver or trustace empowered to execute this report as required by Chapter 607, Florida Stalutes; 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:

SIGNATURE AND TYPED OR PROTED NAME OF SIGNATURE OFFICER POPRECTO

4/20/04

741-378-1188