## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 19, 2004 08:00 AM Secretary of State

				Secretary of Sta
DOCUI  1. Entity Nam FAUXLIA		953		
Principal Plac	e of Business	Mailing Address	<u> </u>	1
1487 BASS (		PO BOX 676		
FORT MYERS		SUNBURY, PA 17801 US		į
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U	O NO! WHILE	IN IUIS SLY	UE .	4. FEI Number Applied For
}				65-0663875 Not Applicable
				5. Certificate of Status Desired \$8.75 Additional
		,,, <u>a</u>		5. Cerunicate of Status Desired Fee Required
	6. Name and Address of Current R	egistered Agent		
<u> </u>				
SCOTT, JO				DO NOT WRITE
1487 BESS CIR				DO NOT WITHE
FORT MYERS, FL 33919				IN THIS SPACE
				IN THIS SPACE
			1	
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				
SIGNATUREL	Signature, typed or printed name of registered agent an	title if applicable. (NOTE Registero	d Agent signatura required	d when reinstating) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final     Trust Fund Contribution.		.00 May Be   U00000058385   U00000058385
10.	OFFICERS AND D	RECTORS	I	
TITLE	PST		1	
NAME	SCOTT, JOESPH		1	
STREET ADDRESS	1487 BASS CIRCLE	- <b>1</b>	1	
CITY-ST-ZIP		,	I	
CH1-SI-DF	FORT MYERS, FL 33919			
TITLE	VP		ŀ	
NAME	FIELDS, HOLLY			
STREET ADDRESS	1487 BASS CIRCLE		l	
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CITY-ST-ZIP			1	DO NOT WRITE
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STREET ADDRESS CITY-ST-ZIP			i .	
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i.a. i riereby (	on this report or supplemental report is t	us ming does not quality for the exe rue and accurate and that my signa	implion stated in Se ture shall have the	same lagal effect as if made under oath; that I am an officer or director.
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 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 chapted or on an attachment with en-address, with all other like empowered.				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR