


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90038 006 \*\*\*150.00

<b>DOCUMENT # P96000020297</b>	
1. Entity Name <b>ARLINE MAE TABLER, P.A.</b>	

Principal Place of Business <b>454 LOMA PASEO DR LADY LAKE, FL 32159</b>	Mailing Address <b>454 LOMA PASEO DR LADY LAKE, FL 32159</b>
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**44032095**



2. Principal Place of Business <b>17470 SE 115<sup>th</sup> TERRACE RD.</b>	3. Mailing Address <b>17470 SE 115<sup>th</sup> TERRACE RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04152004 Chg-P CR2E034 (10/03)

City & State <b>SUMMERFIELD, FL.</b>	City & State <b>SUMMERFIELD, FL.</b>
Zip <b>34491</b>	Zip <b>34491</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3364810</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>TARSON, ARLINE M 17470 S.E. 115TH TERRACE RD. SUMMERFIELD, FL 34491</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>TARSON, MARLINE 454 LOMA PASEO DRIVE LADY LAKE, FL 32159</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TARSON, ARLINE P. 17470 SE 115<sup>th</sup> TERRACE RD. SUMMERFIELD, FL 34491</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TARSON, ALFRED T/S 17470 SE 115<sup>th</sup> TERRACE RD. SUMMERFIELD, FL 34491</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:** Arline M. Tarson P. **ARLINE M. TARSON-P.** 4-17-04 352-307-9565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #