## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

ANNUAL REPORT				Mar 06, 2004 08:00		
DOCUI 1. Entity Name TODD PR		-			Secretary of Stat	
Principal Place 1031 SAN RA ST AUGUSTIN	AFAEL ST	Mailing Address 1031 SAN RAFAEL ST ST AUGUSTINE, FL 32084				
D	O NOT WRITE		CE	02212004 4. FEI Numb 59-341		
6. Name and Address of Current Registered Agent WHITMAN, TODD 1031 SAN RAFAEL ST ST AUGUSTINE, FL 32J84			DO NOT WRITE IN THIS SPACE			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tide if applicable.  (NOTE Registered Agent signature required when refusabiling)  DATE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar  Trust Fund Contribution.				.00 May Be led to Fees		
TO.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DO DPVS WHITMAN, TODD 1031 SAN RAFAEL ST ST AUGUSTINE, FL 32084 T WHITMAN, TODD 1031 SAN RAFAEL ST ST AUGUSTINE, FL 32084	RECTORS	•		03/08/04-80054-013 150.08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						

12. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04

Daytime Phone #