## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Apr 29, 2004 08:00 AM Secretary of State

	· <del></del>
DOCUMENT # P	96000090640
1. Entity Name	



Principal Place of Business

Mailing Address

620-B HIGHWAY 19 SOUTH PALATKA, FL 32177 620-B HIGHWAY 19 SOUTH PALATKA, FL 32177



01202004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3412720

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

386-325-6400

6. Name and Address of Current Registered Agent

ROBERTS, QUINTUS I 620-B HIGHWAY 19TH SOUTH PALATKA, FL 32177

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered off	ice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	Fapplicable (NOTE Registered Agen	t signature	required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		···· -	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROBERTS, QUINTUS IRVING 620-B HIGHWAY 19 SOUTH PALATKA, FL 32177				U00000139469 34/29/04-80120-015 150. <b>0</b> 0
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
12. I hereby indicated of the corchanged	certify that the information supplied with this fil i on this report or supplemental report is true a rporation or the receiverfor trastee empoweres , or on an attachment with an address, with all	ing does not qualify for the exemption accurate and that my signature of to execute this report as required butter the empowered.	on state shall har by Chap	d in Section 119.07(3) re the same legal effe ter 607, Florida Statut	(i), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if