2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000098346

FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

608 S. TYNDALL PARKWAY PANAMA CITY, FL 32401 608 S. TYNDALL PARKWAY PANAMA CITY, FL 32401



DO NOT WRITE IN THIS SPACE

04122004 No Chg-P

CR2E034 (10/03)

4. FEI Number 79-3431384 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIOIELLO, JOHN L ESQ 402 JENKS AVENUE PANAMA CITY, FL 32401

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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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	fapplicable (NCTE Flegistered	Agent signature	s required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000128972 04/26/04-80056-016 158.75	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY ST-ZIP	D RUPP, STEVEN N C/O P.O BOX 1987 N/A PANAMA CITY, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
THE NAME STREET ADDRESS CITY - ST - ZIP	55.			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE KAME STREET ADDRESS CITY-ST-ZIP						

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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR