

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 12 PM 2:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(P96000102519P)

01262004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0731093 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, RYAN L
3850 20TH ST., PO BOX 2069
VERO BEACH, FL 32961

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, RYAN LEIGH	
STREET ADDRESS	2436 TITUS COURT	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREWSTER, MARY ELIZABETH	
STREET ADDRESS	2436 TITUS COURT	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, RYAN LEIGH	
STREET ADDRESS	3850 20TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWSTER, MARY ELIZABETH	
STREET ADDRESS	3850 20TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000028781970
02/16/04--01011--022 **150.00

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:

Ryan Bailey

Date

Daytime Phone #

2/2/04