FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2004 08:00 AM

777			Secret	ary of State
Mailing Address 2659 ULMERTON RD CLEARWATER, FL 34622 U	JS .			NE NY IN THE REAL PLOCE DATE OF THE PERSON O
	CE	03152004 4. FEI Numb 59-341	No Chg-P er 4656	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RANDS, PHIL 2659 ULMERTON RD CLEARWATER, FL 34622				
			th, in the State of Flo	orida I am familiar with, and accept
Trust Fund Contribution.		.00 May Be ded to Fees	000000 04/26/04-	0129876 -80094-020 150.00
RECTORS				-
		DO		
֓֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֓֓֓֓֓֜֜֜֜֜֜֜֜֓֓֓֓֓֓֜֜֜֜֜	2659 ULMERTON RD CLEARWATER, FL 34622 U IN THIS SPA agistered Agent the purpose of changing its register ditte if applicable (NOTE Register) 9. Election Campaign Final	Mailing Address 2659 ULMERTON RD CLEARWATER, FL 34622 US IN THIS SPACE agistered Agent title if applicable (NOTE Registered Agent signature reduce) 9. Election Campaign Financing Trust Fund Contribution. Add	Mailing Address 2659 ULMERTON RD CLEARWATER, FL 34622 US O3152004 4. FEI Numb 59-341 5. Certificate Pagistered Agent DO IN He purpose of changing its registered office or registered agent, or both the purpose of changing its registered Agent algorithm required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. DO RECTORS DO	Mailing Address 2659 ULMERTON RD CLEARWATER, FL 34622 US O3152004 No Chg-P 4. FEI Number 59-3414656 5. Certificate of Status Desired Propose of changing its registered office or registered agent, or both, in the State of Fig. IN THIS SF The purpose of changing its registered Agent signature required when reinsuding) 9. Election Campaign Financing Trust Fund Contribution. DO NOT W Added to Fees DA NOT W PRECTORS DO NOT W DO NOT W Added to Fees DA NOT W

12. I hereby certify that the information supplied with this filing does not quelify 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 by 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 TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

727-571-1281 Daylime Phone #