## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2004 8:00 am Secretary of State

DOCUI 1. Entity Nam LAURA, II		3101				03-17-2004	90022 0:	23 ***150	0.00
Principal Place of Business 2295 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 US		Mailing Address 6151 LAKE OSPREY DR STE 303 SARASOTA, FL 34240 US				160 <b>2</b> 644 <b>4314 89</b> 18 <b>3</b> 1	: Hai kali <b>bolea</b>	FFEET LITERA FERRALIS	#
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	02242004	Chg-P	CR2E	034 (10/03)	
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-34189	919		<b>├</b> ──	oplied For of Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of			\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New i	Registered	Agent	
				Name					
SCHWARTZ, LAURA 2295 GULF OF MEXICO DR				Street Address (P.O. Box Number is Not Acceptable)					
_STE_115-S LONGBOA	T KEY, FL 34228						<u>: : : : : : : : : : : : : : : : : : : </u>		
				City			FL	Zip Cod	e
	named entity submits this statement folions of registered agent.	or the purpose of changing it	s register	ed office or registe	ered agent, or both,	in the State of Fl	lorida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature require	ed when reinstalling)	<del> </del>	DATE		
SIGNATURE	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa	aign Finar	neing\$5	5.00 May Be ded to Fees		DATE		i
SIGNATURE	E NOW!!! FEE IS \$150.00	9. Election Campa  7. Trust Fund Cor	aign Finar	neing\$5	i.00 May Be ded to Fees	HANGES TO OFF		D DIRECTOR	S IN 11
SIGNATURE_ FIL. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa  7. Trust Fund Cor	aign Finar ntribution. 11. TITU NAM STRE	neing \$5	i.00 May Be ded to Fees	HANGES TO OFF		D DIRECTOR  Change	S IN 11
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FIL.  After M:  10.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550. OFFICERS AND PD SCHWARTZ, LAURA 2295 GULF OF MEXICO DR	9. Election Campi Trust Fund Cor  DIRECTORS  Delete	aign Finar  11. TITU NAM STRE CITY TITU NAM STRE CITY TITU NAM STRE CITY TITU NAM STRE CITY TITU NAM STRE STRE	E E E E E E E E E E E E E E E E E E E	i.00 May Be ded to Fees	IANGES TO OFF		☐ Change	Addition
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12. I hereby 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 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:

Laura PLS
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

marchg/04 941-373-1377

Daytime Phone #