2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000012289

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

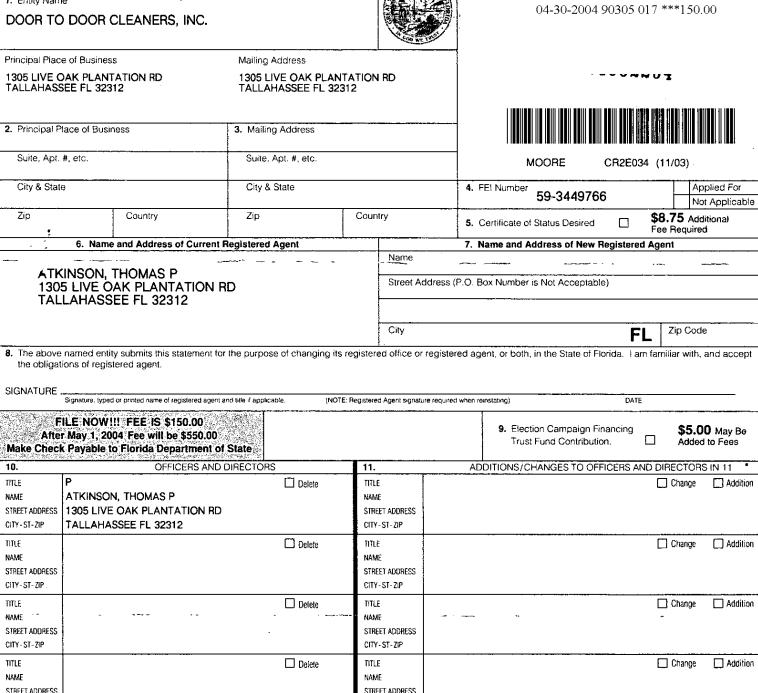
STREET ADDRESS

CITY-ST-7IP

NAME

TITLE

NAME



12. Thereby 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.

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE: THOMAS T. HHANSON

1-2904

850-385-8619

Change

Change

☐ Addition

☐ Addition

FILED

Apr 30, 2004 8:00 am Secretary of State