FILED Apr 06, 2004 08:00 AM Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	MENT # P9700002587						
Principal Place 2340 NE 2NI SUITE 100 OCALA, FL 3	D ST 2	eiling Address 1340 NE 2ND ST UITE 100 CALA, FL 34470 US					
D	O NOT WRITE II	CE	04052004 4. FEI Numbe 59-343	No Chg-P	CR2E034 (10		
	6. Name and Address of Current Regis						
OTERO, SUSAN R 800 NE 21ST AVE OCALA, FL 34470					NOT WI THIS SP		
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 pulsted name of registered agent and bite if applicable (NOTE, Registered Agent eignature required when rehistating) OATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			noing \$5.	.00 May Be led to Fees	100000	104372	ተመጥ ነውም
10.	OFFICERS AND DIRE	CTORS	4	·	::::4:/::::::::::::::::::::::::::::::	الاللاك للزازازال	- ենն. Մե
title Name Street address City-St-Zip	VP OTERO, ANTHONY G SR 800 NE 21ST AVE OCALA, FL 34470						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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THEE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							;
TITLE NAME STREET ADDRESS CXTY-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.							