2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031226

City-St-Zip:

WEST PALM BEACH, FL 33413

FILED Jan 27, 2004 Secretary of State

DOCON	1EN 1# P97000031220	Secretary of State	3	
Entity Nar	me: PRESTIGE GUNITE OF ORLANDO, IN	C.		
Current Principal Place of Business:		New Principal Place of Business:		
17600 S R CLERMON	50 NT, FL 34787 US			
Current Mailing Address:		New Mailing Address:		
	ESTPORT PLACE LM BEACH, FL 33413			
FEI Number:	: 59-3397434 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired	()	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:		
7228-C WI	Y, BRIAN A ESTPORT PLACE LM BEACH, FL 33413 US	MAHONEY, BRIAN A 7228-C WESTPORT PLACE WEST PALM BEACH, FL 33413 US		
	named entity submits this statement for the peof Florida.	ourpose of changing its registered office or registered agent, o	r both,	
SIGNATUR	RE: BRIAN MAHONEY	01/27/2004		
	Electronic Signature of Registered Age	ent Date		
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete MAHONEY, BRIAN A 7228-C WESTPORT PLACE WEST PALM BEACH, FL 33413	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	S () Delete CORNELIUS, PATTI-LEE 7228-C WEST PORT PLACE WEST PALM BEACH, FL 33413	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address:	VP () Delete HARTER, STEVE 7228 C WESTPORT PLACE	Title: () Change () Addition Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PATTI LEE CORNELIUS S 01/27/2004